American Optometric Association
NEWS™

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Volume 51 February 2013 No. 8

Registration is open!

A trolley takes visitors from the San Diego Convention Center to other areas of the city. Register for the 2013 Optometry's Meeting® at *www.optometrysmeeting.org*. Read more on page 14.

Photo courtesy of Joanne DiBona, SDCVB

For highest incentive bonuses, submit all 2012 claims by Feb. 28

Eligible health care professionals (EPs) participating in the Medicare Electronic Health Record (EHR) Incentive Program can still receive incentive payments for calendar year 2012 if they file an attestation by Feb. 28, 2013, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

The AOA recommends members submit all claims for 2012 services before the end of February to get the highest possible bonus payment.

The reporting year ended Dec. 31, 2012, for EPs who participated in the Medicare EHR Incentive Program during 2012.

That means EPs must have completed their 90-day Medicare EHR Incentive Program reporting period by the end of 2012 in order to qualify for payments.

However, EPs have until Feb. 28, 2013, to actually register and attest to meeting meaningful use to receive an incentive payment for calendar year 2012 through the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (*https://ehrincentives.cms.gov/hitech/login.action*).

The CMS officially posted notice of the deadline on the EHR attestation and registration website in December.

Feb. 28 is also the submission deadline for calendar year 2012 Medicare claims that will be used under the Medicare EHR Incentive Program to determine a program participant's Medicare total allowed charges for the year – and the participant's EHR incentive payment, CMS officials noted.

Medicare EHR incen-

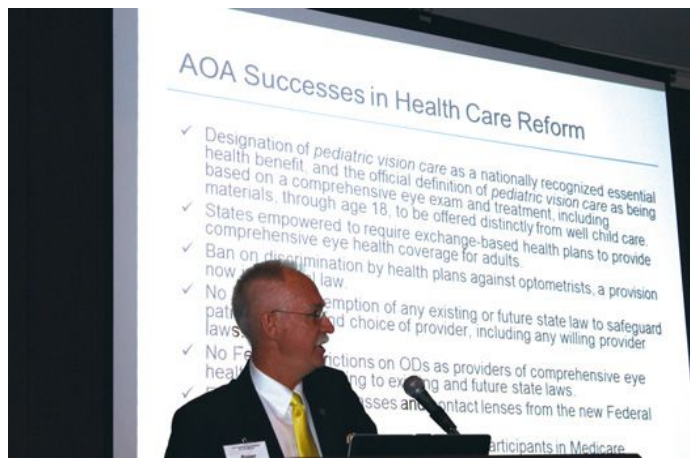
see Incentives, page 6

Record-setting Presidents' Council addresses trends, challenges

In the largest gathering of its kind yet, a record 177 leaders of state and affiliated optometric associations convened in St. Louis at the 2013 Presidents' Council to identify trends, plan for the implementation of the Affordable Care Act and share ideas for building their associations.

Attendees exchanged information about what works and doesn't work for their associations at the Jan. 18-19 meeting moderated by Chris Wroten, O.D.

See Council, page 8



AOA Federal Relations Committee Chair Roger Jordan, O.D., discusses advocacy successes, including the pediatric vision care benefit, the Harkin Amendment, glasses and contact lens exemption from the medical device tax, meaningful use incentives and optometry's inclusion in ACOs.


Onward. Upward.
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Medicare EHR incentives to optometrists top $56 million

Some 3,570 optometrists had earned $56,892,212 in Medicare Electronic Health Records (EHR) Incentive Program payments as of November 2012, according to a report from the U.S. Centers for Medicare & Medicaid Services (CMS). Participating optometrists netted an average of $15,936 as of November. This suggests participating optometrists are continuing to earn maximum or near-maximum incentives through the program.

Optometrists, early leaders in Medicare EHR incentive program participation, continue to adopt EHR technology, enter the incentive program, and qualify for payments at rates exceeding most other health care professions, according the AOA Washington office, which monitors the CMS reports.

Almost $5 million in Medicare EHR incentives were distributed to optometrists in November alone, the report shows.

A previous CMS report found 3,296 optometrists had received nearly $52 million in Medicare incentives as of October 2012.

With the November payments, optometrists had earned a total of $17.8 million in Medicare EHR incentives during 2012, the second year of the incentive program.

Final data on Medicare EHR incentive program distributions during 2012, including payments made during December, is expected to be issued shortly.

Optometrists earned more than $39 million through the Medicare EHR incentive program in 2011.

Some 226 optometrists registered for the Medicare EHR program during November. That was more than any other specialized health care profession, the AOA Washington office noted.

Only the much larger professions of medicine and osteopathy saw more practitioners register for the Medicare EHR incentive program that month.

AOA President Ronald Hopping, O.D., MPH, credited the continuing success of optometrists in achieving Medicare EHR bonus payments to the "AOA Electronic Health Records Preparedness Program for Optometry," a multiyear initiative with classroom continuing education programs across the nation, extensive articles in AOA publications, and online resources to help AOA-members implement EHR systems and qualify for incentives.

Some 226 optometrists registered for the Medicare EHR program during November, more than any other specialized health care profession.

He also credited effective AOA Advocacy Group efforts to ensure optometrists could participate in the incentive program.

The CMS had originally planned to bar optometrists from EHR incentives, he noted.

Under the Medicare EHR Incentive Program, which went into effect Jan. 1, 2011, health care practitioners who entered the program during 2011 or 2012 can earn up to a total of $44,000 ($48,400 in federally designated Health Professional Shortage Areas [HPSA]) over the six-year life of the program if they install EHR systems certified for use under the program and achieve compliance with the program's EHR utilization criteria, known as "meaningful use" standards.

Practitioners who enter the program during 2013 can qualify for up to a total of $39,000 ($42,900 in HPSAs) over the program's four remaining years.

Health care practitioners who entered the incentive program during 2011 or 2012 could earn up to $18,000 for their first year of participation.

The CMS expected to begin issuing checks for second-year participants in March or April.

Data released by the CMS in January does not include payments made to optometrists under the separate Medicaid EHR program. Optometrists can now qualify for Medicaid EHR incentive programs in eight states (Alabama, Ohio, Illinois, Michigan, Kentucky, Louisiana, South Carolina, and Virginia).

For additional information on the Medicare EHR Incentive Program, including the latest CMS report on incentive distributions, visit *www.aoa.org/ehr*.

OD participation critical in 18 states set to establish exchanges

Eighteen states and the District of Columbia filed applications with the U.S. Department of Health & Human Services (HHS) to establish their own state-run health insurance exchanges in 2014, according to HHS Secretary Kathleen Sebelius.

The AOA Washington office urges practicing optometrists to be aware of the development plans for health insurance exchanges in their states. In states that plan to run their own exchanges or enter into partnerships with the HHS, the AOA Washington office urges state optometric associations to seek representation for optometrists on the exchanges' governing boards and have local optometrists get directly involved in related advisory committees. The exchanges are a key component in the national health care system reforms authorized under the Affordable Care Act of 2010, according to the AOA Washington office.

As of Jan. 7, the HHS had already issued conditional approval for state-based exchanges in California, Colorado, Connecticut, the District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, Nevada, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont, and Washington.

At press time, the department was still processing an application from Mississippi for a state-based exchange. The department had conditionally approved state partnership exchanges in Arkansas and Delaware.

For additional information on health insurance exchanges and other aspects of health care reform, visit *www.aoa.org/x16106.xml*.

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I just told my patient to take a hike!

Yep, I really did, and I feel better for doing so. Have you ever wanted to do that? I did this patient a favor, and I really should tell more of my patients the very same thing. Why? While this particular young man was really nice, he was overweight and, frankly, he needed the exercise. (And yes, I've had the other kind of patient I wanted to tell to take a hike, but that is a whole other story.)

Did you know patients can decrease their chances of becoming diabetic by 50 percent – just by walking a half hour a day?

We all do a lot of good things for our patients, but how many of our patients are overweight or obese? In the United States, a full one-third of the children are overweight or obese these days. In black or Hispanic communities, the number is nearly 50 percent. Did you know that when I started practice 30 years ago the average kid consumed one snack a day – and now our kids average close to three high-calorie snacks a day? How many of us walked to school when we were kids – and how many of our kids walk to school now? I'm glad we didn't have the computers and video games—that would have lured me away from playing outside when I was a kid. No wonder many of our youngsters are fighting weight and health issues.

I think telling a patient to lose weight, or to quit smoking, or any other lifestyle or behavioral change is a tough thing to do, so my approach with a patient is to talk about the eye health problems that occur with systemic disease such as diabetes or hypertension. Teaching about increased risk of glaucoma, cataracts, macular degeneration and blindness seems to fit my role as their primary care eye doctor and to make the issue very real for the patient. In fact, there are more than 275 systemic diseases with ocular complications plus many more drugs that require monitoring of ocular side effects.

According to the U.S. Centers for Disease Control and Prevention (CDC), "There is a critical need for vision and eye health data….national strategies to improve health should seek to enhance the usability of clinical information collected by optometrists for public health purposes."

When we educate our patients and do things like this with our patients, what we are really doing is public health, and these public health activities should be shared with the patients' whole health care team. I think most folks think about public health as being a lot of boring statistics or studies with cohorts or cross sectional studies or about free clinics. But what if you recommend ultraviolet (UV) protection or impact-resistant lenses? Yep, that's also public health. In fact, everything we do to treat or help our patient avoid or postpone eye disease, systemic disease or injury is part of our role in public health.

Have you ever really thought about it?

Everything we do to treat or help our patient avoid or postpone eye disease, systemic disease or injury is part of our role in public health.

Optometry's essential role in vision care and in the public health of this country is huge. Certainly the American Public Health Association (APHA) recognizes this importance through its APHA Vision Care Section (VCS). The VCS, along with APHA Immediate Past President Mel Shipp, O.D., Dr.P.H., MPH, has done an excellent job of letting the rest of our health care colleagues and the nation understand how integral optometry is to our nation's health. Every AOA Board member belongs to the APHA and the Vision Care Section. They represent optometric health as integral to overall well-being.

Dr. Hopping

As primary care providers, we are often our patient's entry into the health care system. We have a responsibility to the whole patient, and I find our patients appreciate it when we demonstrate our role as primary health care professionals by having concern for all of their health needs. I talk about a patient's health as it relates to their eyes both first and last during my exam in order to emphasize the integral role overall health plays in what I do with a patient. Looking at the whole patient has been good for my patients as well as for my practice. With all of us together caring for the whole patient, we are critically important for the public health of our nation.

So sometimes the best thing for the patient and our nation is to tell that patient to take a hike!

Ronald Hopping, O.D., MPH
AOA president

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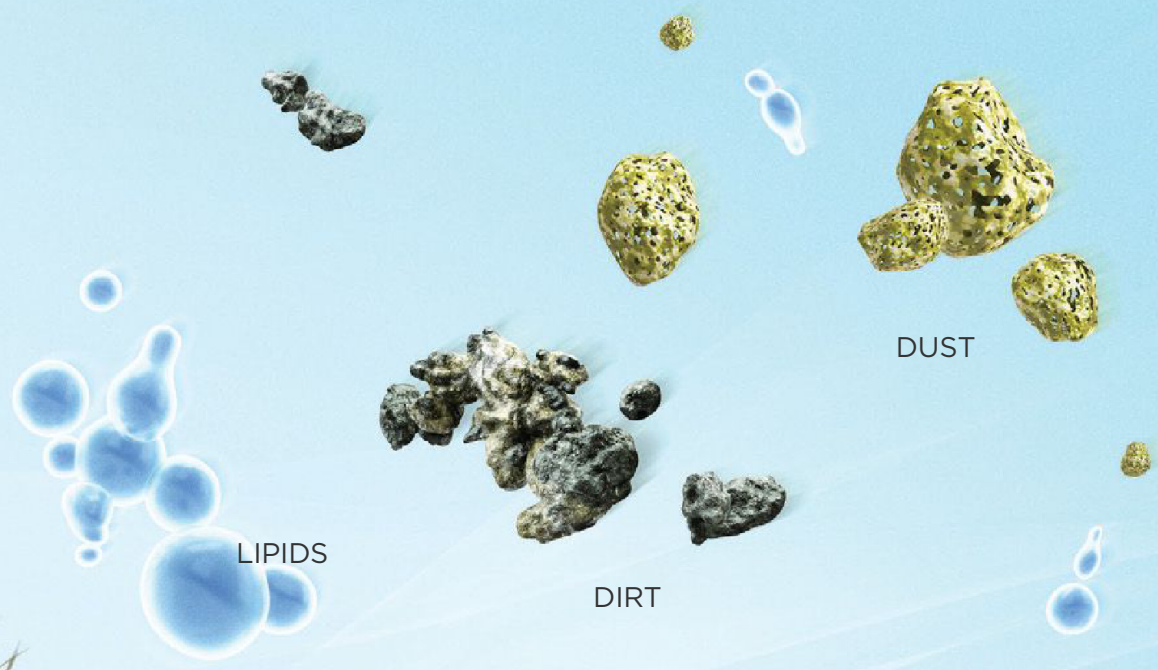

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Important information for AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Indicated for vision correction for daily wear (worn only while awake) or extended wear (worn while awake and asleep) for up to 30 nights. **Relevant Warnings:** A corneal ulcer may develop rapidly and cause eye pain, redness or blurry vision as it progresses. If left untreated, a scar, and in rare cases loss of vision, may result. The risk of serious problems is greater for extended wear vs. daily wear and smoking increases this risk. A one-year post-market study found 0.18% (18 out of 10,000) of wearers developed a severe corneal infection, with 0.04% (4 out of 10,000) of wearers experiencing a permanent reduction in vision by two or more rows of letters on an eye chart. **Relevant Precautions:** Not everyone can wear for 30 nights. Approximately 80% of wearers can wear the lenses for extended wear. About two-thirds of wearers achieve the full 30 nights continuous wear. **Side Effects:** In clinical trials, approximately 3-5% of wearers experience at least one episode of infiltrative keratitis, a localized inflammation of the cornea which may be accompanied by mild to severe pain and may require the use of antibiotic eye drops for up to one week. Other less serious side effects were conjunctivitis, lid irritation or lens discomfort including dryness, mild burning or stinging. **Contraindications:** Contact lenses should not be worn if you have: eye infection or inflammation (redness and/or swelling); eye disease, injury or dryness that interferes with contact lens wear; systemic disease that may be affected by or impact lens wear; certain allergic conditions or using certain medications (ex. some eye medications). **Additional Information:** Lenses should be replaced every month. If removed before then, lenses should be cleaned and disinfected before wearing again. Always follow the eye care professional's recommended lens wear, care and replacement schedule. Consult package insert for complete information, available without charge by calling **(800) 241-5999** or go to **myalcon.com**.

References: 1. In vitro measurement of contact angles on unworn lenses; significance demonstrated at the 0.05 level; Alcon data on file, 2009. **2.** Nash W, Gabriel M, Mowrey-McKee M. A comparison of various silicone hydrogel lenses; lipid and protein deposition as a result of daily wear. *Optom Vis Sci.* 2010;87: E-abstract 105110. **3.** Ex vivo measurement of lipid deposits on lenses worn daily wear through manufacturer recommended replacement period; CLEAR CARE® Cleaning and Disinfecting Solution used for cleaning an disinfection; significance demonstrated at the 0.05 level; Alcon data on file, 2008.

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AOA, affiliates keep watch for restrictive MAC policies

With the start of a new year, the AOA, state affiliates, and vigilant ODs across the nation remain on high alert after a decisive victory in 2012 overturned Medicare Administrative Contractor (MAC) policies that sought to limit optometric scope of practice and effectively hampered Medicare beneficiaries' access to needed care in nine states.

"The federal law governing Medicare is crystal clear in that it requires the program to cover services provided by doctors of optometry within state scopes of practice and gives Medicare beneficiaries the freedom to seek care from the doctor of their choosing," said AOA President Ron Hopping, O.D., MPH. "With last year's victory, we helped to ensure that seniors in impacted states would no longer be improperly denied access to medically necessary, covered physician services that they need when they chose to legally obtain those services from optometrists rather than from other physicians."

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The AOA is now encouraging doctors to be on the lookout for the potential development of new MAC restrictions that would have similar effects as the policies implemented over the last few years by Wisconsin Physician Services (WPS) – the MAC servicing Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska and Wisconsin.

Doctors are asked to alert AOA Washington office staffers immediately at 800-365-2219 or *ImpactWashingtonDC@aoa.org* should such destructive policies arise.

To read earlier coverage of win against the WPS policy, visit *http://bit.ly/UTggNF*.

"If allowed to stand, the discriminatory WPS policies we fought so hard to overturn could have spread like wildfire across the country," said Dr. Hopping. "It's critical that we all do our part and remain vigilant so that such restrictive policies are never developed in the first place, much less implemented and allowed to impact the care that we provide for America's seniors."

Incentives,

from page 1

tive payments to EPs are based on a percentage of the Part B allowed charges for covered professional services furnished by the EP during the entire payment year, up to specified maximums.

The CMS allows 60 days after the end of 2012 – or until the last day of February – for all pending claims to be processed.

Medicare EHR incentive payments for 2012 are expected to be issued no later than April 2013.

The CMS will pay the Medicare EHR incentive as soon as successful participants reach the dollar amount of Medicare claims that ensures the maximum bonus payment.

If a practitioner has registered and attested but has not been paid, the CMS may be waiting to see if the practitioner will submit more claims for 2012 services, which can increase the practitioner's bonus payment.

Once the CMS has processed claims submitted by the end of February, any remaining bonus payments to be made should be issued by April.

Medicaid EHR incentives will be paid by state Medicaid agencies, and the timing of payments will vary by state.

Practitioners should contact their state Medicaid agencies for more details about payment.

Thanks to AOA and affiliate advocacy efforts, eight states now allow optometrists to participate in Medicaid EHR incentive programs (for participation, see *http://bit.ly/SwmEhB)*.

For additional information on the Medicare EHR Incentive program, visit *www.cms.gov/EHRIncentivePrograms* or *www.aoa.org/EHR*.

New law allows Medicare 5 years to recoup overpayments

The U.S. Centers for Medicare & Medicaid Services (CMS) will now have up to five years to recoup Medicare overpayments resulting from coding mistakes or other claims errors, according to the AOA Advocacy Group.

A 2012 report found the previous three-year recoupment limit prevented the CMS from collecting more than $300 million dollars annually. Based on its report, the Office of Inspector General (OIG) at the U.S. Department of Health & Human Services (HHS) recommended the increase.

"This additional authority granted to the CMS underscores the need for ODs to properly code, document and bill for Medicare services," said Charles B. Brownlow, O.D., AOAExcel™ medical records consultant.

The increase in the statute of limitations for recovery of non-fraudulent Medicare overpayments was part of the American Taxpayer Relief Act of 2012 – signed into law by President Obama Jan. 2 and commonly known as the "fiscal cliff" legislation – which also extended existing income tax rates for many Americans and delayed planned cuts in numerous federal programs.

Official budget scoring in the legislation projects the extension will now allow the CMS to recover a potential additional $500 million each year.

The estimated $500 million serves to offset some of the cost of fixing the Medicare physician payment cut in the legislation, and most of the money will come from facilities that treat Medicare beneficiaries.

AOA coding resources

The AOA and its AOAExcel™ subsidiary offer a range of resources to assist optometrists in properly reporting services and filing claims, including "Codes for Optometry" (the only coding manual developed specifically for optometry), the AOA Coding Today website (*https://aoacodingtoday.com*), free online coding webinars, and the Ask the Coding Experts service that allows AOA member optometrists to request personalized advice on coding issues by email (*Askthecodingexperts@aoa.org*).

For a complete list, see *www.aoa.org/x15181.xml*.

To assist optometric office staff in avoiding common coding and claim-filing errors, the Council on Paraoptometric Certification now offers Paraoptometric Coding Certification (*www.aoa.org/x17560.xml*).

ABO program receives NCCA accreditation

The American Board of Optometry (ABO) is pleased to announce that its board certification program has been accredited by the National Commission for Certifying Agencies (NCCA) for a five-year period.

The ABO received NCCA accreditation of its program by demonstrating compliance with the NCCA's rigorous Standards for the Accreditation of Certification Programs.

"Receiving NCCA accreditation is another significant step in assuring credibility of the ABO," said Paul C. Ajamian, O.D., ABO chairman of the board. "We will continue to pursue such measures to advance our process and our profession."

The NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE) (formerly the National Organization for Competency Assurance).

Since 1977, the NCCA has been accrediting certifying programs based on the highest quality standards in professional certification to ensure the programs adhere to modern standards of practice in the certification industry. The NCCA Standards are comprehensive and cover all aspects of the certification program(s), including administration, assessment development and recertification. NCCA standards are consistent with The Standards for Educational and Psychological Testing (AERA, APA, & NCME, 1999) and are applicable to all professions and industries.

There are 270 NCCA accredited programs that certify individuals in a wide range of professions and occupations, through organizations including the American Academy of Nurse Practitioners, the American Board of Oral and Maxillofacial Surgery, the American Physical Therapy Association, the Behavior Analyst Certification Board, the Board of Pharmacy Specialties, the National Commission on Certification of Physician Assistants, and the National Board of Certification and Recertification for Nurse Anesthetists.

Of ICE's more than 330 organizational members, 119 of them have accredited programs.

ICE's mission is to advance credentialing through education, standards, research, and advocacy to ensure competence across professions and occupations.

NCCA was founded as a commission whose mission is to help ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs that assess professional competence.

NCCA uses a peer-review process to: establish accreditation standards; evaluate compliance with these standards; recognize programs that demonstrate compliance; and serve as a resource on quality certification.

For more information on NCCA accreditation, visit *www.credentialingexcellence.org/ncca*.

An inaugural time

AOA Trustee Hilary Hawthorne of California traveled to Washington, D.C., for the Jan. 21 inauguration of President Barack Obama for his second term in office.

Dr. Hawthorne, at left, is all smiles with Congresswoman Tammy Duckworth (D-Ill.) at the Woman's National Democratic Club Reception.

At left, Dr. Hawthorne is shown with Congresswoman Cheri Bustos (D-Ill.). At right, she poses in front of the Woman's National Democratic Club sign.

Shown above, a quartet of congresswoman gather at the reception. Counterclockwise from top are Rep. Bustos, Rep. Lois Frankel (D-Fla.), Rep. Duckworth and Congresswoman Jan Schakowsky (D-Ill.).

Shown below, Dr. Hawthorne with Rep. Schakowsky.

FTC regulations confirm ODs exempt from Red Flags Rule

The Federal Trade Commission (FTC) recently confirmed a 2010 AOA legislative victory when it issued regulations affirming that optometrists are generally not required to comply with the anti-identity theft "Red Flags Rule."

The FTC action comes more than five years after the agency issued a set of regulations, collectively known as the Red Flags Rule, which required certain entities to develop and implement written identity-theft prevention and detection programs to protect consumers from identity theft.

While aimed at ensuring banks, credit card companies and certain retailers protected consumer financial information, the FTC unfortunately took the position that the Red Flags Rule would apply to optometrists and other health care providers. The AOA strongly opposed the FTC's position.

After reaching out directly to FTC officials and successfully arguing the new regulations were redundant and burdensome for optometry practices, the FTC issued five separate implementation delays over the ensuing years.

The Federal Trade Commission unfortunately took the position that the Red Flags Rule would apply to optometrists and other health care providers. The AOA strongly opposed the Federal Trade Commission's position.

At the same time, the AOA and others working with the White House and leaders in Congress lobbied to develop and approve legislation permanently exempting ODs from Red Flags Rule requirements, resulting in enactment of the AOA-backed Red Flag Program Clarification Act of 2010.

Going forward, the FTC regulations specify that the Red Flags Rule applies only to creditors that regularly conduct one or more of the following activities:

1. Obtain or use consumer reports, directly or indirectly, in connection with a credit transaction; or

2. Furnish information to consumer reporting agencies in connection with a credit transaction; or

3. Advance funds to or on behalf of a person, based on an obligation of the person to repay the funds or repayable from specific property pledged by or on behalf of the person.

The AOA Advocacy Group stresses that doctors not billing or receiving payment in full at the time of service will not result in the optometrist being considered a creditor under the Red Flags Rule.

For more information on the Red Flags Rule from the AOA, including information for optometrists seeking to voluntarily develop a program to combat identity theft, visit *www.aoa.org/x12701.xml*.

AOA members with questions or concerns should contact the AOA Washington office team at 800-365-2219 or *ImpactWashington DC@aoa.org*.

Council,

from page 1

It was the first time the entire AOA Executive Committee was invited to the conference, noted AOA President Ron Hopping, O.D., MPH, who spoke about AOA and affiliate successes and challenges facing the profession.

"The AOA is here to help as you fight these battles," he told those gathered.

He specifically mentioned scope of practice issues and kiosk-based refracting businesses.

AOA Board members respond to member questions at Presidents' Council. From left, Secretary-Treasurer Steve Loomis, O.D., Vice President David Cockrell, O.D., President Ron Hopping, O.D., MPH, President-elect Mitch Munson, O.D., and Immediate Past President Dori Carlson, O.D.

Advocacy update

Committee chairs Steve Montaquila, O.D., Roger Jordan, O.D., and Bobby Jarrell, O.D., presented on "Advocacy in the Changing Health Care Marketplace."

"Things are changing, and we need to change with them," said Dr. Montaquila.

The group discussed the expansion of Medicaid, the effects of the Harkin Amendment, and optometry's inclusion in Accountable Care Organizations. The top priorities remain patients and access.

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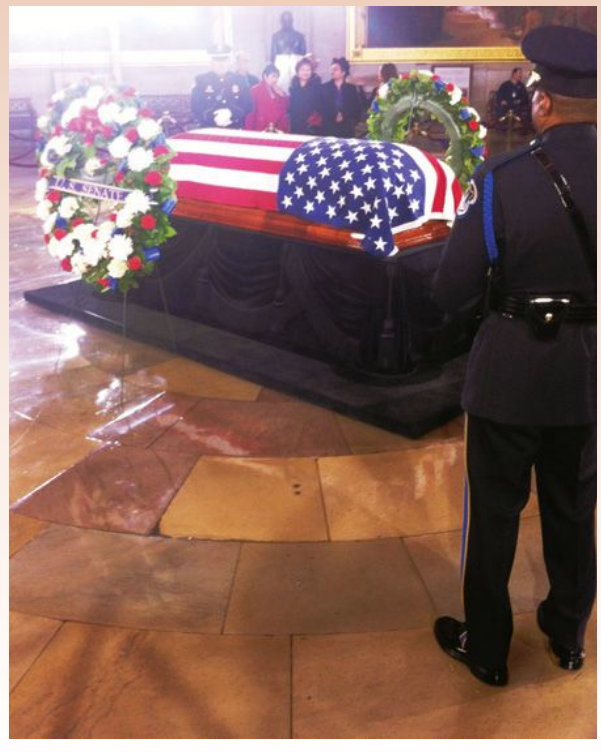

Lifetime of service

AOA Washington office staffers pay final respects to Sen. Daniel Inouye (D-Hawaii) on Dec. 20 as his body lie in state within the rotunda of the United States Capitol.

A World War II hero and Medal of Honor recipient, Sen. Inouye was also a longtime champion of optometry.

Sen. Inouye first represented Hawaii in the U.S. House and then served nine terms in the U.S. Senate.

Sen. Inouye devoted years of his career to pressing for a greater health care role for America's doctors of optometry.

More recently, Sen. Inouye was one of the most influential lawmakers to urge U.S. Department of Health & Human Services Secretary Kathleen Sebelius to define the AOA-backed pediatric vision care essential health benefit as a comprehensive eye exam and materials – what he knew it needed to be for the nation's children.

The AOA salutes his lifetime of service.

2013 Medicare pay hike for ODs back on track under Washington's last-minute 'fiscal cliff' deal

Thanks to the AOA's hard-won seat at the table in Washington, D.C., and the effective advocacy efforts of Federal Keypersons and other AOA members, Medicare payments to ODs were not targeted in the last-minute fiscal cliff deal and are actually expected to rise in 2013.

A rare mix of Democrats and Republicans came together on the floor of the U.S. House of Representatives early in the new year to approve a bipartisan deal on income tax rates for most Americans, business tax breaks, and deep cuts to Medicare and other federal programs.

Key AOA-backed provisions providing relief for optometrists and other physicians from a series of Medicare pay cuts scheduled to take effect in the opening days of 2013 featured in the sweeping "fiscal cliff" package negotiated between White House officials and U.S. Senate leaders within the closing days of 2012.

Approved by the U.S. Senate early on New Year's Day, the budget legislation delivers a one-year reprieve from the nearly 27 percent Medicare pay cut called for under Medicare's sustainable growth rate (SGR) payment formula as well as a two-month delay to the additional 2 percent Medicare pay reduction – commonly known as "sequester" – mandated under a 2011 deficit-reduction law.

The one-year Medicare physician payment patch was offset partly through $22 billion in payment reductions to other Medicare providers, including hospitals, pharmacies, and dialysis clinics.

Overall, according to the AOA Advocacy Group, Medicare payments to optometrists have increased by about $450 million since 2004.

This represents a 74 percent increase in Medicare payments to ODs during a period when the annual SGR update has remained essentially flat.

In fact, Medicare's higher valuation of medical eye care services provided by optometrists means payments to ODs have increased 37 percent more than for physicians generally over the last decade.

Additionally, the budget deal prevents lower Medicare payments to physicians, including ODs, in geographic areas with relatively low practice costs.

The agreement also extends exceptions to caps on OD-provided therapy services, but allows new reductions to be imposed when certain multiple procedures are provided.

As reported previously in *AOA News*, Medicare expanded its Multiple Procedure Payment Reduction policy to the technical component of selected eye care procedures starting Jan. 1. For complete coverage of the impact on optometry, visit *http://bit.ly/SBD8pW*.

In a successful call to action last year, AOA President Ron Hopping, O.D., MPH, urged all AOA members to contact U.S. senators and representatives in support of a bipartisan plan to avert the impending Medicare pay cuts.

Boosting the AOA's work on Capitol Hill, hundreds of AOA members used the AOA's Online Legislative Action Center (*https://app1.vocusgr.com/WebPublish/controller.aspx?SiteName=AOAGR&Definition=Home&SV_Section=Home*) to communicate with elected leaders on the Medicare payment issue.

While the immediate Medicare pay crisis has been averted for now, the one-year SGR fix and the two-month sequester delay signal the start of a new effort to prevent future Medicare pay cuts and finally fix Medicare's broken payment formula.

A growing concern, the two-month sequester delay directly aligns with the date on which the nation is expected to reach its borrowing limit, providing yet another opportunity for lawmakers to potentially target Medicare payments to doctors of optometry.

At the same time, federal agencies and states will continue preparing implementation directives for the new health care law.

Although the AOA's patient access message is increasingly taking hold in the new regulations, particularly with respect to the pediatric vision care essential health benefit (*http://www.aoa.org/x23550.xml*), there are key battles ahead that will determine how state-based health insurance exchanges will operate when they're launched later this year.

Dr. Hopping and other AOA leaders are already providing guidance to ensure that AOA members are preparing now to serve a possible influx of patients under a changing health care system (*http://bit.ly/X0ZhvG*).

With more than 80 newly elected members of Congress now on Capitol Hill and President Obama preparing to launch his second term with continued emphasis on overhauling health care, the AOA – recognized in a 2012 survey of Washington, D.C., insiders as one of the nation's most effective and respected health care advocacy groups (*http://bit.ly/Nrd4HW*) – will continue to ensure that optometry's concerns are heard loud and clear in the nation's capital.

A Washington, D.C., welcome

AOA Washington office staffer Matt Willette welcomes Nebraska's newest U.S. Senator, Deb Fischer (R), to the nation's capital hours after she took the oath of office and officially joined the ranks of the new 113th Congress. A former two-term member of the Nebraska Legislature, Sen. Fischer is Nebraska's first female senator in Washington, D.C. Among other assignments, Sen. Fischer has been appointed to the U.S. Senate Small Business Committee.

ODs can earn dual bonuses under new Medicare EHR-PQRS pilot project

Health care practitioners who qualified for bonuses through the Medicare Electronic Health Records (EHR) Incentive program during 2012 may also qualify for 2012 payment bonuses under the Physician Quality Reporting System (PQRS), if they enroll in the new Medicare PQRS-EHR Incentive Pilot Program by Feb. 28, 2013, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

Medicare has launched the new PQRS-EHR Incentive project to make it easier for health care practitioners to qualify for payment bonuses under both incentive programs at the same time, according to the CMS.

It represents the first step in a plan to eventually merge the quality measure reporting requirements for the EHR and PQRS incentive programs.

Health care practitioners can earn Medicare payment bonuses through the PQRS by reporting on three of the program's designated quality of care measures for specified percentages of applicable patients (see related article on the next page).

Practitioners can earn incentive payments under the Medicare EHR program by meeting the program's "meaningful use" standards, including reporting on a total of six quality measures.

Under the PQRS-EHR pilot project, health care practitioners who use their EHRs to meet quality reporting requirements for one of the incentive programs are essentially considered to have met the quality reporting requirement for the other.

Under the PQRS-EHR pilot project, health care practitioners who use their EHRs to meet quality reporting requirements for one of the incentive programs are essentially considered to have met the quality reporting requirement for the other.

That means, for example, health care practitioners who met the requirements for EHR incentives last year can also pick up an additional bonus payment under the 2012 PQRS program, if they act quickly, the AOA Washington office noted.

"It's not too late" to earn bonuses for 2012 under the joint PQRS-EHR incentive project, CMS officials emphasized during a recent Medicare Provider Conference Call.

The PQRS offers health care practitioners payment bonuses equaling 0.5 percent of their approved Medicare payments for the year.

The EHR program offers practitioners thousands of dollars in incentives, with maximums based on when they entered the program, years of participation, and total Medicare allowed charges for the year.

To participate in the pilot project, practitioners must have EHR systems certified for use in federal EHR incentive programs, have Individuals Authorized Access to CMS Computer Services accounts, be in at least their second year in the Medicare EHR Incentive Program, and meet other qualifications, the CMS noted.

They must also meet all EHR meaningful use requirements, not just quality reporting criteria, the agency emphasized.

The CMS outlined the PQRS-EHR pilot program during a Dec. 18, 2012, Medicare provider conference call.

Details of the program can be found in an audio recording and PowerPoint presentation from the conference call, which can be accessed online at *http://tinyurl.com/PQRS-EHR*.

Council,

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Aly Wasik, O.D., president of the Armed Forces Optometric Society, suggests partnering with the American Public Health Association for patient education campaigns.

Optometric registry

AOA Registry Committee Chair Jeff Michaels, O.D., offered an informative and compelling breakdown of what the registry is and why optometrists should care about it.

"It will help improve care, educate patients, help the AOA educate the public, and improve reimbursements," he said. "It helps outcomes and treatment."

The registry is a collection of data and is designed to provide more analysis than an EHR does. It does not share personal information.

For more details on the registry, visit *http://bit.ly/TH9s9n*.

State issues

In several "open mike" sessions, state leaders talked about issues with an impact beyond state lines.

Richard Yardley, O.D., from Utah shared the latest news concerning free-standing kiosks that can measure refractive error and pupillary distance, and allow on-the-spot self-service eyewear ordering.

He noted current laws prohibiting prescribing without a license ensure patients are seen by a licensed eye care provider. However, it appears those laws may come under attack by well-funded health companies, and Utah may be one of the first states in which the attacks surface.

AOAExcel™

The Presidents' Council got a firsthand look at the member benefits of AOAExcel™.

"About three years ago, our board started looking down the road, and said they needed to help members in everyday practice," said Joe Ellis, O.D., chair of AOAExcel™. "Excel is an extension of our access center and advocacy efforts," he said. "Our goal is to facilitate success in practices. We are going to help our members thrive, succeed and excel in their new environment."

Barry Barresi, O.D., Ph.D., AOA executive director and chief executive officer for Excel™, was on hand to discuss products and services, including business and career services, the XNetwork portal and future integrated marketing services.

"It's a great opportunity for optometry and the AOA to provide something of value to our members," he said.

Dr. Barresi also introduced Ian Lane, O.D., Excel's chief medical information

See Council, page 28

ODs must perform PQRS reporting in 2013 to avoid 2015 penalties

By Rebecca H. Wartman, O.D.

While there are only a few minor edits to the Physician Quality Reporting System (PQRS) for 2013, it is an important year. If a provider (that means you) does not participate in 2013, they will be penalized in 2015. (*See http://bit.ly/VQqL6o.*)

> *Successful reporting means recognition for providing quality care for the individual doctor and for the optometric profession, as well as more dollars in the coffers of the optometrist and avoidance of the 2015 penalties.*

Successful reporting means recognition for providing quality care for the individual doctor and for the optometric profession, as well as more dollars in the coffers of the optometrist and avoidance of the 2015 penalties.

The PQRS bonus for 2013 will be 0.5 percent of individual Medicare allowable on all claims filed in 2013. This includes all claims, even those claims where the addition of PQRS measures were not appropriate.

The success level for claims-based reporting is again reporting at least three different PQRS measures on at least 50 percent of the claims where the proper diagnosis and procedure codes are filed. This does not mean a provider has to file three PQRS measures on 50 percent of Medicare claims.

The provider needs to choose at least three different PQRS codes to report for 2013 and then report these PQRS codes consistently on at least 50 percent of the appropriate claims filed.

While there are 241 PQRS measures for 2013, and optometry need only be concerned with seven of these measures even though we could report on several more.

An easy way to participate successfully in PQRS is to only consider glaucoma, diabetes and macular degeneration diagnoses.

There are two changes of note in the seven PQRS measures for diseases commonly seen in an optometry practice.

The main change is the diagnosis codes allowed for the two glaucoma measures. Codes 365.70 to 365.74 were eliminated for measures #12 and #141.

The other change is the assumption that if a patient with macular degeneration is already on Age-Related Eye Disease Study (AREDS) antioxidant supplements, the provider has already discussed the pros and cons of these supplements for that particular patient (measure #140).

The electronic health records measure 124 was retired in 2013 because Meaningful Use is well under way, making this measure obsolete.

Electronic prescribing remains a stand-alone initiative. The guidelines for this initiative have not changed for 2013.

Optometrists remain exempt from any penalty for not using electronic prescribing through 2014 when this initiative is scheduled to end. Keep in mind that electronic prescribing is part of Meaningful Use.

The final change of note would be the addition of the applicable ICD-10-CM diagnosis codes to the listing of applicable diagnosis codes. This was done to aid providers in preparing for the Oct. 1, 2014, mandatory transition from ICD-9-CM to ICD-10-CM.

AOAExcel™ resources

AOAExcel™ has all the information and details for successful participation in PQRS 2013.

Important links:

AOAExcel™ – *www.excelod.com*
Centers for Medicare & Medicaid Services:
PQRS *https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html*
e-Rx *https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html*

American Optometric Association

American Optometric Association
2013 PQRS EYE CARE MEASURES FOR OPTOMETRISTS
(See http://www.aoa.org/PQRS for more information)

Modifiers are used in PQRS reporting only if the reported measure was not performed during the visit. The modifiers indicate why measure was not done.

Measure	CPTII	Code Description	Age	ICD.9.CM	CPT I	Modifiers
12 (NQF 0086) POAG: ON Evaluation	2027F	POAG: Optic Nerve Evaluation	18 +	365.10, 365.11 365.12, 365.15	92002-92014, 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337	1P: Medical Reason 8P: Reason not specified
14 (NQF 0087) AMD: DFE	2019F	AMD: Dilated Macular Examination (Documentation of +/- macular thickening +/- hemes and level of severity of AMD)	50 +	362.50, 362.51, 362.52	92002-92014, 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337	1P: Medical reason 2P: Patient reason 8P: Reason not specified
18 (NQF 0088) DR: +/- Macular Edema	2021F	Diabetic Retinopathy: Documentation of +/- Macular Edema and Level of Severity of Retinopathy	18 +	362.01, 362.02, 362.03, 362.04, 362.05, 362.06	92002-92014, 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337	1P: Medical reason 2P: Patient reason 8P: Reason not specified
19 (NQF 0089) DR: Communication with MD	5010F + G8397 Or G8398	Diabetic Retinopathy: Findings of dilated macular or fundus exam communicated with the physician responsible for managing ongoing diabetes care Dilated macular or fundus exam performed and documented DR+ME Dilated macular or fundus exam NOT performed	18 +	362.01, 362.02, 362.03, 362.04, 362.05, 362.06	92002-92014, 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337	1P:Medical reason 2P: Patient reason 8P: Reason not specified
117 (NQF 0055) DM: Dilated Eye Exam	2022F or 2024F or 2026F or 3072F	Diabetes Mellitus: Dilated eye exam in a diabetic patient by OD/OMD 7 field photos by OD/OMD for DM Eye image validated for DM, documented and reviewed Low risk retinopathy for DM, e.g. no retinopathy in previous year	18 - 75	250.00-250.03, 250.10-250.13, 250.50-250.53, 250.60-250.63, 250.70-250.73, 250.80-250.83, 250.90-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04	92002-92014, 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337, 99341-99345, 99347-99350, G000270, G0271, G0402	8P: Reason not specified (8P modifier not used with 3072F)
140 (NQF 0566) AMD: AREDS	4177F	AMD: Counseling on Antioxidant Supplement, (disucss risks/benefits of AREDS)	50 +	362.50, 362.51, 362.52	92002-92014, 99201-99205, 99212-99215, 99307-99310, 99324-99328 , 99334-99337	8P: Reason not specified
141 (NQF 0563) POAG: IOP	3284F 0517F + 3285F	POAG: Reduction of IOP greater than or equal to 15% pre-intervention level **OR** POAG: Reduction of IOP less than 15% pre-intervention level, with plan of care in place	18 +	365.10, 365.11, 365.12, 365.15	92002-92014, 99201-99205, 99212-99215, 99307-99310, 99324-99328, 99334-99337	8P: Reason not specified (only for 0517F)

HHS may target HIPAA violations by smaller-scale health care practices; proper encryption provides protection

In January, an Idaho hospice agreed to pay $50,000 to settle allegations that it failed to properly safeguard the electronic protected health information (ePHI) of 441 patients. That was the first Health Insurance Portability and Accountable Act (HIPAA) security breach settlement involving fewer than 500 individuals and is part of the U.S. Department of Health & Human Services' (HHS) expanding enforcement of the federal HIPAA Security Rule beyond major health care institutions.

"While the government has yet to announce any HIPAA Security Rule enforcement actions directly against small health care practices, optometrists should take this settlement as a warning that substantial penalties are now a real possibility for any health care office in which electronic patient information is lost or compromised, even if only a limited number of patients are affected," said Roger Jordan, O.D. chair of the AOA Federal Relations Committee.

He urged practitioners to review the HIPAA Security Rule and, in particular, to secure electronic patient information through encryption, an electronic coding process used to make information indecipherable to any parties not authorized to view it.

Properly encrypted data is exempted from the reporting requirements.

All EHR systems certified for use in federal incentive programs must provide encryption capabilities.

"Encryption is an easy method for making lost information unusable, unreadable and undecipherable," said Leon Rodriguez, director of the HHS Office for Civil Rights (OCR).

The HIPAA Security Rules requires all health care practices that maintain or transmit patient information electronically to establish written policies on safeguarding that information in line with federal requirements.

"Encryption is an easy method for making lost information unusable, unreadable and undecipherable."

"This (enforcement) action sends a strong message to the health care industry that, regardless of size, (HIPAA-covered) entities must take action and will be held accountable for safeguarding their patients' health information," Rodriguez said.

AOA members can find information on compliance with the HIPAA Security Rule at *www.aoa.org/HIPAA*.

Practitioners should conduct a "gap analysis," as outlined in the HIPAA security regulations, to spot potential vulnerabilities in their ePHI security measures including patient information stored on laptop computers, CDs, cell phones or other mobile devices that could be easily lost or stolen.

For step-by-step instructions on developing practice security policies, conducting gap analysis, and other measures required under the security rule, see the AOA HIPAA Security Manual (*www.aoa.org/HIPAA*).

Dr. Jordan warned practitioners who fail to implement HIPAA security policies and conduct security gap analysis are at risk of penalty.

Protect your patients' data

A new educational initiative, "Mobile Devices: Know the RISKS. Take the STEPS. PROTECT and SECURE Health Information," offers health care providers and organizations practical tips on ways to protect their patients' health information when using mobile devices such as laptops, tablets, and smartphones.

The initiative was launched by the HHS Office of Civil Rights and the HHS Office of the National Coordinator for Health Information Technology.

More information is available at *www.HealthIT.gov/mobiledevices*.

Compliance

Until now, HIPAA Security Rule enforcement has been directed toward large health care-related entities such as hospitals, universities, or insurance companies, and cases in which information on thousands of individuals has been lost or improperly accessed.

Under the HIPAA Security Rule, all health care institutions and practitioners who maintain or transfer patient information electronically must take steps, outlined in the rule (*http://tinyurl.com/HIPAA Security*), to safeguard that information from loss or unauthorized access.

However, encryption is just one part – albeit very important – in a comprehensive HIPAA Security Rule compliance program that virtually all optometric practices should now have in place, Dr. Jordan added.

Breach notices due March 1

Health care practices that experienced breaches of electronic protected health information security during 2012 must file notification reports by March 1.

Health care practitioners are required under HIPAA to report all losses, thefts, or unauthorized access of unsecured ePHI to the HHS.

Security breaches involving more than 500 individuals must be reported within 60 days.

However, incidents involving fewer individuals can be reported on an annual basis.

Covered entities must notify the HHS by submitting a breach report form at *http://tinyurl.com/HHSOCRreports*.

Healthy Eyes Healthy People® 2013 grant period opens

Optometry Cares® – The AOA Foundation and the AOA are pleased to announce the 10th annual funding of the Healthy Eyes Healthy People® (HEHP) State Association Grants. The 2013 HEHP grants are made possible through a generous grant from Luxottica.

Over the course of the past nine years, HEHP sponsors have contributed more than $1.2 million for more than 335 HEHP grants, which have gone directly to state association community outreach projects. These projects have served to educate the public and allied groups on the importance of vision care and have improved the lives of thousands of patients.

This year, to encourage the growth of community-based solutions to reduce vision problems and eye diseases in adults, HEHP grants will focus directly on the Healthy People 2020 (HP 2020) vision objective, V-5, Reduce Visual Impairment.

In response, applicants can address one or more of the following five goals:

V-5.1: Reduce visual impairment due to uncorrected refractive error.
V-5.2: Reduce visual impairment due to diabetic retinopathy.
V-5.3: Reduce visual impairment due to glaucoma.
V-5.4: Reduce visual impairment due to cataract.
V-5.5: Reduce visual impairment due to age-related macular degeneration (AMD).

States may apply for more than one grant, and each grant is worth up to $5,000. If a project reaches multiple states, it may be considered for a larger grant.

Visit the following link for instructions on how to apply and access the 2013 grant application online form: *www.aoa.org/HEHP*.

HEHP grant applications must be submitted by Feb. 28, 2013.

AOA, affiliates part of SCO's fifth State Day

Touting the importance of the legislative process and the need for students to become involved with their professional associations, AOA representatives, state optometric leaders and legislators visited the Southern College of Optometry (SCO) in Memphis, Tenn., for its fifth annual State Day event Jan. 9.

AOA Secretary-Treasurer Steve Loomis, O.D., led off the day's program by highlighting legislative milestones in optometry, the changing role of optometry in health care delivery, and the importance of maintaining a strong optometric profession.

"What a great opportunity to participate in State Day at SCO," said Dr. Loomis. "It was a particular pleasure to address the student body about the need for an organization that advocates for optometry and our patients. With the unprecedented changes ahead for both health care and the demographics of the nation, it is critical that optometry maintain our strong advocacy efforts for future generations of optometrists and patients alike. It was so gratifying to be among so many optometry students who 'get it' when it comes to understanding the need to support the only organization that supports their profession."

A group of current and former lawmakers spoke to students during the full day of panels and networking opportunities first launched by SCO in 2009 as "State Day."
Legislators included:

- Louisiana State Sen. David Heitmeier, O.D.
- Tennessee State Rep. Gary Odom, who also serves as executive director of the Tennessee Association of Optometric Physicians
- Alabama State Rep. Johnny Mack Morrow, husband of Martha Rosemore Morrow, O.D., Optometry Cares® -The AOA Foundation past president and SCO Board of Trustees member
- Former Missouri State Rep. Terry Swinger, O.D., who served 10 years in the Missouri legislature

The legislators each discussed their role as lawmakers and their interactions with the profession of optometry.
Sen. Heitmeier shared his belief that optometry is one of the most caring health care professions. He recalled how optometrists across the nation were the first to volunteer aid after his Louisiana practice was destroyed by Hurricane Katrina in 2005.

Hundreds of students networked with the lawmakers and representatives of 14 associations, getting firsthand testimonials stressing the importance of optometry students becoming involved with their state and professional associations early in their careers.

Participants included:

- Alabama: Dr. Morrow, Mark Shirey, O.D., and Rep. Morrow
- Arkansas: Vicki Farmer, Rusty Simmons, O.D., and Matt Jones, O.D.
- Colorado: Dr. Loomis
- Georgia: Tom Spetalnick, O.D., and Kelly Spetalnick,

See State Day, page 16

Registration and housing is OPEN for the 2013 Optometry's Meeting®!

Registration is now open for the 2013 Optometry's Meeting® at *www.optometrys-meeting.org*. Join us June 26-30 at the San Diego Convention Center, which has three spectacular hotels within walking distance: the Marriott Marquis Hotel and Marina, the Hilton San Diego Bayfront, and the Omni San Diego. Register early and SAVE! The discounted early-bird registration rates are valid until May 1.

You asked, and we listened!

This year Optometry's Meeting® will have an inclusive registration fee structure featuring one low price that includes continuing education, admittance to the Exhibit Hall, and popular events including the Welcome Reception, Opening General Session, Varilux® Optometry Student Bowl™, and the Celebration of Optometry (Presidential Celebration).

Details for AOA and American Optometric Student Association (AOSA) members and non-members are available at *www.optometrys-meeting.org*.

Education a cornerstone of Optometry's Meeting®

Experience in-depth, diverse educational programming and gain the edge you need to stay advanced and competitive in the industry.

The inclusive registration fee allows you to choose from more than 200 hours of education at no additional cost.

Attendees will have more chances to delve deep into a topic with the expansion of focused education tracks.

The program also boasts interactive courses allowing participants to drive the content. Customize your education based on your schedule, learning needs and interests.

Share ideas and network

Optometry's Meeting® is the place to be. This year, there are endless opportunities to connect with your colleagues, reconnect with old friends, and make new friends at the many special events during the action-packed three days.

- On **Wednesday** evening, AOAExcel™ is our host for the Welcome Reception, where you can reunite with your peers while enjoying the beautiful views of the San Diego harbor.
- **Thursday** kicks off Optometry's Meeting® with the Opening General Session, generously sponsored by Essilor, featuring a keynote address by J.R. Martinez, the Iraq war veteran who has been featured on "Dancing with the Stars" and "All My Children," and who is now the best-selling author of "Full of Heart: My Story of Survival, Strength and Spirit." Martinez will inspire you to improve your outlook on life, family, and profession. Thursday afternoon join us for the Grand Opening of the Exhibit Hall and Ribbon-Cutting ceremony where you can visit more than 200 companies. Thursday evening keeps the excitement going with the National Optometry Hall of Fame Induction Ceremony and the famous Varilux® Optometry Student Bowl™ XXII.
- The action continues on **Friday** with the Optometry's Career Center® Networking event during the day and more than a dozen college/alumni/sections/company receptions in the evening.
- **Saturday**, get your blood pumping as Optometry Cares®, the AOA Foundation, hosts a 5k run/walk around the San Diego Embarcadero area to benefit Foundation programs. Close out Optometry's Meeting® at the can't-miss event of the year – the Celebration of Optometry (Presidential Celebration) aboard the naval aircraft carrier, *USS Midway*. Food, fun and dancing will all be part of the celebration. A big thank you to HOYA for once again sponsoring the Celebration. Be sure to register early for a ticket – space is limited and it WILL fill up.

The 116th Annual AOA Congress & 43rd Annual AOSA Conference: Optometry's Meeting® truly promises a rewarding experience for everyone.

We look forward to seeing you in San Diego June 26-30, 2013, and Looking to Tomorrow…Together.

Visit *www.optometrys-meeting.org* to learn more and to register today!

This year Optometry's Meeting® will have an inclusive registration fee structure featuring one low price that includes continuing education, admittance to the Exhibit Hall, and popular events.

A Gaslamp Quarter sign points the way to the Convention Center, waterfront, and Linear Park. The Gaslamp Quarter is known as the historic heart of San Diego. The historical neighborhood is the center of downtown nightlife. The Gaslamp Quarter extends from Broadway to Harbor Drive, and from 4th to 6th Avenue, covering 16½ blocks. It includes 94 historic buildings, most of which were constructed in the Victorian Era, and are still in use with active tenants including restaurants, shops and nightclubs. Petco Park, home of the San Diego Padres, is located one block away in downtown San Diego's East Village.
Photo courtesy of SDCCC

THE FUTURE IS ABOUT...

FOCUS.

*Looking to tomorrow...**Together.***

American Optometric Association

AOSA American Optometric Student Association

REGISTRATION OPENS FEBRUARY 2013

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Optometry's meeting®

SAN DIEGO
JUNE 26–30, 2013

Optometry Cares® gifts may qualify through charitable rollover extension

As a result of the extension of the Pension Protection Act through 2011 (H.R. 8), anyone older than 70 ½ can now make an outright gift to a qualified charitable organization, such as Optometry Cares®-The AOA Foundation, by requesting a direct transfer of up to $100,000 from an individual retirement account (Traditional or Roth IRA) without paying taxes on this distribution.

Foundation donors have found these gifts can be accomplished simply and can maximize the benefits of IRA dollars that would have been taxable in the past.

H.R. 8 also includes a two-year retroactive extension of the IRA Charitable Rollover provision that lapsed on Dec. 31, 2011.

Specifically, the new law retroactively reinstates the rollover for 2012 and allows any otherwise eligible gifts made after Dec. 31, 2012, and before Feb. 1, 2013, to be treated as a 2012 donation.

The new law also specifies that any portion of a distribution from an IRA to a taxpayer made after Nov. 30, 2012, and before Jan. 1, 2013, may be treated as a qualified charitable distribution for purposes of the IRA Charitable Rollover.

Finally, the IRA Charitable Rollover has been reinstated for all of 2013 and will now expire at the end of the year on Dec. 31, 2013.

To make your gift through the IRA Charitable Rollover provision, contact your broker or accountant.

For more information, call Dennis Holter, chief advancement officer at the AOA Foundation, at 314-983-4138.

AOA participates in international evidence-based guidelines conference

Optometry was well-represented at the Evidence-based Guidelines Affecting Policy, Practice and Stakeholders (E-GAPPS) conference in December. AOA Evidence-based Optometry Committee Chair Diane Adamczyk, O.D., and Danette Miller, manager of AOA Quality Improvement, attended the conference at the New York Academy of Medicine.

Shown are Dr. Adamczyk, at right, in discussion with Richard Rosenfeld, M.D., MPH, chair of Guidelines International Network (GIN) North America, co-chair for E-GAPPS, at left; and Stephanie Jones, director of Research and Quality Improvement, American Academy of Otolaryngology.

The conference was sponsored by GIN North America and by the Evidence-based Health Care section of the New York Academy of Medicine.

More than 260 attendees from the United States and Canada participated, sharing insight and perspective into the development of evidence-based guidelines, their translation to clinical practice and their value and impact on health care and patient outcomes.

State Day,

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AOA Secretary-Treasurer Steve Loomis, O.D., and Optometry Association of Louisiana Executive Director Jim Sandefur, O.D., speak with students at SCO's State Day.

O.D.

- Illinois: Michael Hortsman, Charleen Marsh, and Jeff Kempf, O.D.
- Iowa: Amanda Wood, O.D., and Jarod Wood, O.D.
- Kentucky: Steve Compton, O.D., Amanda Higdon, O.D., and Brett Abney, O.D.
- Louisiana: James Sandefur, O.D., William Gordon, O.D., and State Sen. Heitmeier
- Missouri: Dr. Swinger
- Mississippi: Greg Loose, O.D., and Brad Thompson, O.D.
- Tennessee: Tonya Reynoldson, O.D., David Talley, O.D., and Rep. Odom
- South Carolina: John W.L. Smith, O.D., and Michael Campbell, O.D.
- West Virginia: Rebecca St. Jean, O.D.
- Texas: Mario Contaldi, O.D., and Fred Farias, O.D.
- AOA: Stacey Liles and Rick Savoy, O.D., former faculty representative to the AOA.

The AOA hosted a booth, staffed by Stacey Liles, student/faculty membership manager, and Rick Savoy, O.D., former faculty representative to the AOA.

AOA Secretary-Treasurer Steve Loomis, O.D., kicked off State Day with a presentation highlighting legislative milestones in optometry.

Facebook fanatic or just considering Twitter?

Regardless of your social media prowess, the AOA Ethics and Values Committee can help lay the ground rules for professional and personal use of new ways to network

By Carolyn Carman, O.D., and Douglas Totten, O.D., AOA Ethics and Values Committee members

Optometrists who use social media should limit personal interaction with patients, maintain professional doctor-patient boundaries, and comply with patient privacy and confidentiality standards. Employees should be well-informed about office policies on social media use as well as Health Insurance Portability and Accountability Act regulations.

"Optometrists have acknowledged that professional standards guide the traditional optometrist-patient relationship in face-to-face interactions," said Morris S. Berman, O.D., chair of the AOA Ethics and Values Committee and vice president and dean of Academic Affairs at the Southern California College of Optometry. "The online relationship is no different."

Optometrists should follow the AOA Standards of Professional Conduct and apply them with any type of communication or media used.

The use of social networking sites is increasing in both the businessplace and the private sector as patients and practitioners become more comfortable with Internet technology and tools.

The ability to readily share information and quickly reach large numbers of people presents both advantages and challenges.

"Optometrists need to be aware of how to uphold the same professional and ethical standards in their social media participation as they do in the rest of their practice," said James E. Paramore, O.D., past chair of the AOA Ethics and Values Committee.

"Failing to do so could hurt patients and possibly harm optometric careers."

Social media can be described as interactive platforms that allow individuals to share user-generated content. Social media is accessible in several formats, including Internet forums, micro blogs, podcasts, wikis and other bookmarking applications. Facebook and Twitter are among the most commonly used social networks.

To help preserve the doctor-patient relationship, maintain patient privacy, and ensure security of information, the following guidelines are recommended for optometrists who use social

See Social Media, page 36

During times of need,
Optometry Cares.

A mother takes her eight month old to an optometrist for a no-cost preventive eye assessment. During the visit, the optometrist evaluates the infant for any debilitating eye diseases...
In their moment of need, Optometry Cares.

A woman and her husband are not seeing like they used to. There's no insurance and their financial situation cannot cover the cost of an eye exam...
In their moment of need, Optometry Cares.

An optometrist and his family step out of a hallway closet to find the results of the tornado's destructive path...
In their moment of need, Optometry Cares.

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The AOA Foundation

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Fax: 314-991-4101
E-mail: foundation@aoa.org | www.aoafoundation.org

Alcon donates $50,000 to VISION USA partnership

The Alcon Foundation donated $50,000 to Optometry Cares® – The AOA Foundation for a VISION USA pilot project to partner and assist low-income, uninsured students attending Tarrant County Community College in the Dallas/Ft. Worth metropolitan area.

The goal is to increase access to basic eye health and vision services free of charge, including needed eyewear.

Optometry Cares® staff is working with the VISION USA committee to design and utilize the existing VISION USA provider network along with expanding provider recruitment in the Dallas/Fort Worth area.

AOA member volunteers are encouraged to provide a one-time comprehensive eye exam.

To offer assistance, visit *www.aoafoundation.org* or email *visionusa@aoa.org*.

Volunteers In Service In Our Nation – VISION USA – provides basic eye health and vision services free-of-charge to low-income, uninsured individuals and their families.

In 2012, VISION USA received more than 6,000 applications for assistance and has more than 3,000 participating optometrists serving as volunteers.

Foundation announces scholarship funding

Optometry Cares® is pleased to offer a national scholarship program, sponsored by Vision West, Inc. (VWI), a leading national ophthalmic product buying group, to promote InfantSEE®.

The national winner will be awarded $5,000, and the runner-up will receive $2,500.

InfantSEE®, a public health program managed by Optometry Cares® – The AOA Foundation, is designed to ensure that eye and vision care becomes an integral part of infant wellness care to improve a child's quality of life. Under this program, AOA optometrists provide a no-cost comprehensive eye and vision assessment for infants within the first year of life regardless of a family's income or access to insurance coverage.

"The 2009 InfantSEE® Scholarship Grant enabled my husband, also an optometry student, and me to work an outstanding summer externship in San Antonio without taking additional loans for living expenses. At this stage in our education, obtaining an additional loan would have been difficult, but much thanks to Vision West for sponsoring this scholarship, allowing us to keep our minds focused on learning and less concerned with financial burden," said Jessica Unruh, O.D., who received the 2009 InfantSEE® scholarship grant.

This InfantSEE® Scholarship Grant, sponsored by Vision West, Inc., will be awarded to the author of the entry judged to be the best essay submitted to Optometry Cares®.

For complete details, visit *http://bit.ly/VKKvez*.

2013 Dr. Seymour Galina Scholarship Grant

A $2,500 grant established at the bequest of the late Dr. Seymour Galina, longtime AOA member, will be awarded to an optometry student who meets the criteria and whose paper is judged to be the best essay submitted to Optometry Cares®.

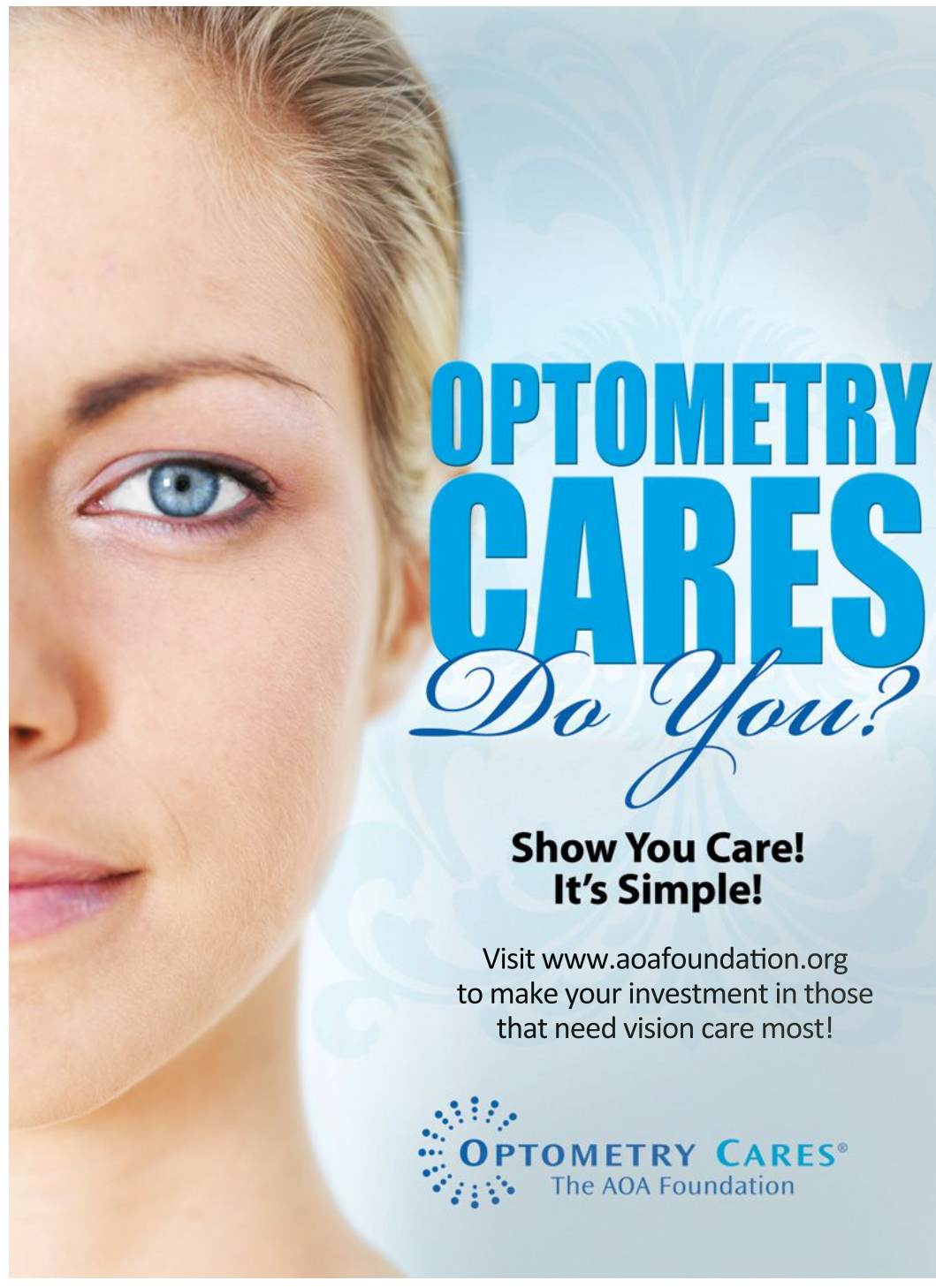
"The Dr. Seymour Galina Grant is the most prestigious award I have received in my optometric career. With the generous scholarship funds, I was able to purchase additional clinical equipment which has allowed me to become a more efficient, confident clinician. I am very honored to have been chosen for this award, and I will cherish this achievement throughout my professional career," said Jacoby Dewald, O.D., a Northeastern State University Oklahoma College of Optometry grad who was the 2009 Dr. Seymour Galina Grant Recipient.

For complete details on applying for the Galina grant, visit *http://bit.ly/U1FUU1*.

For more information and all scholarship guidelines, visit *www.aoafoundation.org*.

Optometry Cares® 5K Run/Walk

Stretch your legs and lungs at the Optometry Cares® 5K Run/Walk at the 2013 Optometry's Meeting® in beautiful San Diego, Calif. This timed 5K Run/Walk will take place on Saturday, June 29 and is sure to sell out! The registration link can be found at *www.aoafoundation.org* or *www.optometrysmeeting.org* and includes a technical race shirt, chip-timed bib and race packet.



Making a difference in the community, Ohio's Realeyes program delivers powerful message to thousands of students, classrooms

FACT: AOA members make a difference in their communities. Community service and volunteerism means you can make a difference in your neighborhood and beyond.

Whether you're donating services through VISION USA, providing free infant vision assessments through InfantSEE®, or helping ensure community health programs include vision services through Healthy Eyes Healthy People®, you'll experience personal and professional growth and positively impact your community by expanding patient education and protection, participating in public service programs to help children, families and seniors and increasing public awareness on the importance of eye care to overall health.

Here's one example of how the Ohio Optometric Association and Ohio member ODs get involved in their community.

Ohio Realeyes program

While the Realeyes program delivers a powerful advocacy message about the importance of vision and eye health, Ohio Optometric Association (OOA) member ODs are the foundation of its success.

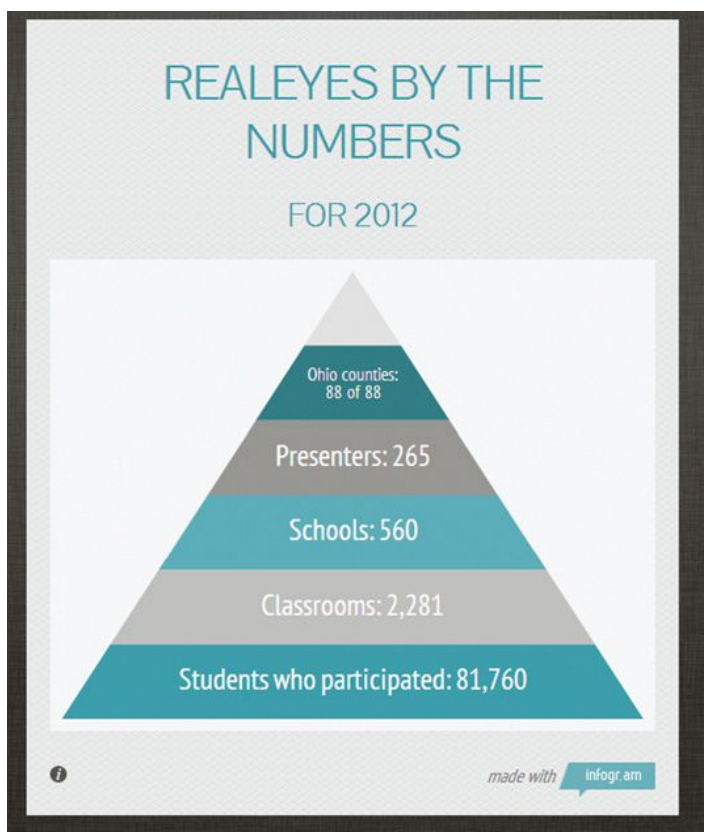
"In the beginning I didn't plan to be a Realeyes presenter – I attended a meeting for the free CE. Now, 10 years later, I'm still hooked."

As presenters, they interact with students, teachers, school nurses, and principals in their communities.

Funded through a grant from the Ohio Department of Health, Bureau of Child and Family Health Services, Save Our Sight Program, Realeyes coordinates the scheduling and provides the materials for OOA members from across the state to present to thousands of children every year.

Dr. Kurzer

In fact, during the past 12 school years, the Realeyes curriculum has been presented by more than 500 optometrists and staff to more than 600,000 students in 17,000 Ohio classrooms.



Increasing knowledge of eye and vision health

The goal of the Realeyes program is to educate students (and along the way, parents, teachers, school officials and others) about the importance of taking care of their eyes and the important role vision plays in education.

Through the thousands of pre- and post-tests that have been returned, students who have participated in Realeyes show their knowledge of eye and vision health has grown.

And, through the 9,000 teacher evaluations that have been collected, the average rating for Realeyes presentations is 4.8 out of 5.0.

Many stories are told of students receiving vision correction, understanding the importance of vision to learning, taking better care of their eyes, and wearing their glasses as a result of the Realeyes program.

Experiencing the rewards of community service and volunteerism

Ann Kurzer, O.D., has volunteered with Realeyes since 2001 (presenting to 3,689 students, 101 classrooms in 16 schools). During the 2011-2012 school year, Dr. Kurzer presented Realeyes to 15 classrooms in three schools (880 students).

Students at an Ohio school listen intently to an optometrist during a Realeyes presentation.

"My favorite part of the program is the interactive and unique curriculum," she said. "The illustrations are great and keep the student's attention."

One of Dr. Kurzer's favorite memories from a past Realeyes presentation was when she spotted a student with a severe exotropia.

"I told the teacher afterward, who then helped the student get a referral for an eye exam," she said. "Later I was told the student

See Realeyes, next page

Realeyes at a Glance

- Educational program that brings volunteer eye doctors into the classroom to give 45-minute presentations about eye health and safety.
- Includes four age-appropriate curriculum.

Pre-K and kindergarten:	Sammy Safe-Eyes
Grades 1-2:	The Adventures of Rhet and Tina
Grades 3-5:	The Case of Vinny Vision
Grades 6-8:	What's Your EYE-Q?

- Realeyes presentations are scheduled by the Ohio Optometric Association. All materials are provided at no charge including an entertaining video and prizes for each student.

Share news from your state with the profession!
Contact Sue Chiles at schiles@aoa.org.

Realeyes,

from previous page

received glasses, and was now doing better in class and was not a behavior problem anymore."

While Dr. Kurzer has been continuously giving back to her community through the Realeyes program for the past 10 years, she recalled, "In the beginning I didn't plan to be a Realeyes presenter – I attended a meeting for the free CE. Now, 10 years later, I'm still hooked."

How you can help

Ohio ODs who want to volunteer for Realeyes, or those who know a school administrator interested in a Realeyes presentation, may visit *sos@ooa.org* or call 800-874-9111.

The OOA provides everything needed for a Realeyes presentation. For more information, visit *www.ooa.org, www.saveoursight.org* or *www.youtube.com/sosrealeyes*.

Ohio students participate in the Realeyes curriculum.

AOA Community service and volunteer opportunities

VISION USA

The AOA established VISION USA in 1991 to provide basic eye examinations to Americans in need. VISION USA is currently available in 39 states and the District of Columbia. AOA member optometrists donate their services at no cost. Visit *www.optometryscharity.org/vision-usa/*.

InfantSEE®

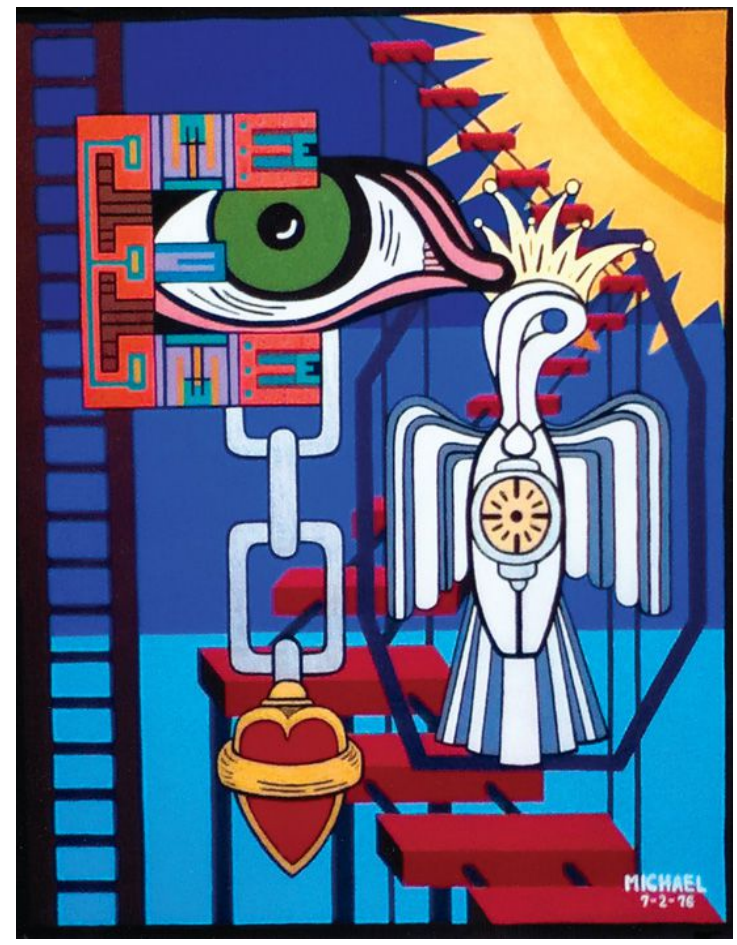
As an InfantSEE® provider, you'll provide comprehensive eye and vision assessments for infants within the first year of life regardless of a family's income or access to insurance coverage. Treating one family member often leads to gaining the entire family as patients. InfantSEE® is supported by The Vision Care Institute™ LLC, a Johnson & Johnson company. Learn more at *www.infantsee.org*.

Healthy Eyes Healthy People®

The AOA and Optometry Cares® – The AOA Foundation, through a generous grant from Luxottica, offer the Healthy Eyes Healthy People® state association grants. The grants provide funding for collaborative community programs involving optometrists with government agencies and health care advocates to address the U.S. Department of Health & Human Services (HHS) Healthy People objectives through a comprehensive approach to meeting the vision and eye health care needs of America's infants, children, adolescents, adults and seniors. For more information, visit *www.aoa.org/hehp*.

Wisc. OD "paid" with painting

Have a unique barter to share? Post on AOAConnect



Retired Wisconsin optometrist Willard Lund, O.D., dropped the AOA a note recently, recalling a patient who had "paid" for prescription sunglasses with an original painting.

As Dr. Lund retells it, "The artist Mike Skalitzky offered to paint me a picture for a pair of prescription sunglasses. He asked me what I would like and I told him to render a painting of my profession. After giving him various ideas, he came up with this unusual painting."

Dr. Lund said he interprets "the sun as the source of light, the eye the receptor, the standard E in various configurations, the dove and clock show a peaceful occupation but regulated by schedules."

Now 88, Dr. Lund thought his fellow optometrists might have their own tales of unusual barters or forms of payment.

Got a story to share? Check out the discussion on AOAConnect (*http://connect.aoa.org*).

Getting a First Look?

Subscribe to *AOA First Look*, a summary of the day's news about eye care and medicine, delivered to your email inbox every morning.

It's a free benefit exclusively for AOA members.

To subscribe, send a note to *addresschange@aoa.org*.

AOA First Look provides an immediate, unfiltered look at the news that affects optometrists and our patients.

To get the news to you quickly, and to ensure you are reading the same articles your patients see, the AOA does not review or edit the news summaries prior to distribution.

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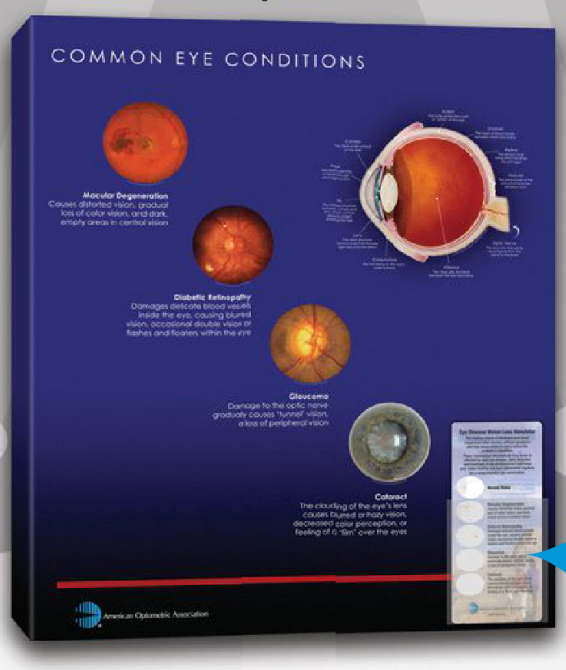

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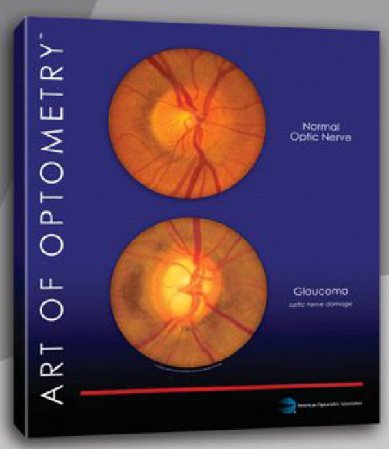
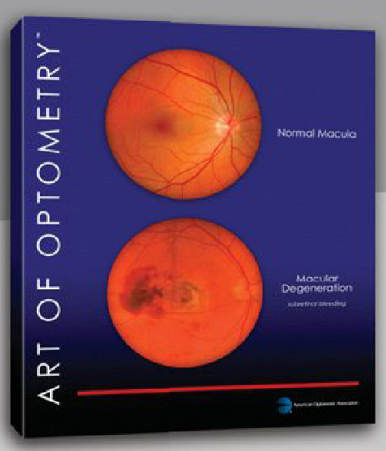
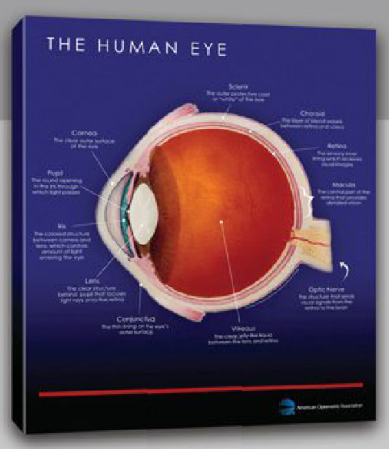
Member Price, only $89 each *plus shipping*



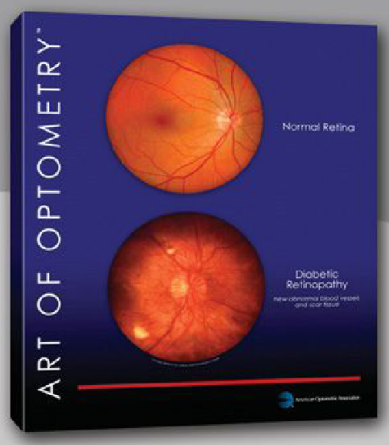
GP-5 ***Glaucoma***



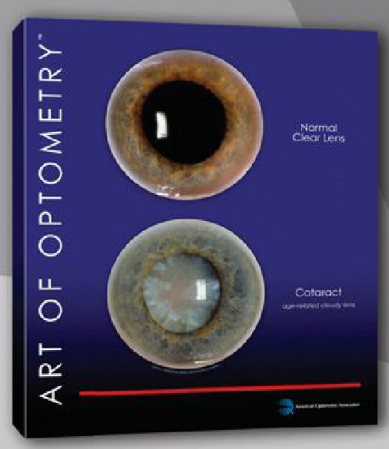
GP-6 ***Macular Degeneration***



GP-9 ***The Human Eye***



GP-7 ***Diabetic Retinopathy***



GP-8 ***Cataract***

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'Ask the Codeheads'

For every silver lining, a cloud: The reality of Medicare incentive payments, audits

Edited by Jason Miller, O.D., Walt Whitley, O.D., and Chuck Brownlow, O.D., Medical Records consultants, AOAExcel™

The silver lining—CMS EHR incentive program

The press has reported information related to a silver lining for Medicare providers, including many optometrists. Through November 2012, optometrists received nearly $57 million from the federal government as a result of their participation in the Electronic Health Records (EHR) Incentive program. This represents the successful registration and attestation of more than 3,600 individual optometrists. Most striking is the realization that almost $5 million in EHR incentives were paid to optometrists in the month of November 2012.

It's easy to imagine the positive financial impact on an optometrist receiving an average of $18,000 in incentives payments in one year, and it's just as easy to imagine the sacrifices made by each optometrist to "take the plunge" into the full use of EHRs in her/his office. The transition from paper to EHR takes commitment on the part of doctors and staff, including the commitment of finances for new hardware and software, staff and doctor training, lighter appointment schedules during start up, as well as commitment to the benefits of better medical records and better patient care, and commitment to compliance with the meaningful use requirements integral to the EHR incentive program.

The cloud—CMS audits for compliance

Through the EHR Incentive Program, 2012 was unique in the incentive payments paid to optometrists and other providers in the Medicare and Medicaid programs. It is just as important, however, that 2012 was unique in the amount of money the Centers for Medicare & Medicaid Services (CMS) recovered from physicians through post-payment audits of claims. It is likely that final figures for calendar year 2013 will show an excess of $10 billion repaid to the CMS by Medicare providers alone. That contrasts dramatically with the total payments made by the CMS for the Medicare EHR Incentive Program to all physicians in its first two years: $1.7 billion!

It is likely that final figures for calendar year 2013 will show an excess of $10 billion repaid to the CMS by Medicare providers alone.

For decades, the CMS has concentrated its audits in two directions. First, Medicare carriers were urged to watch for unusual patterns in claims from specific providers, with audits then triggered by certain patterns. Second, carriers would watch for patterns of billing across all providers, as changes in techniques for managing patient care would result in increased frequency of billing certain procedures, certain levels of office visits, etc., which would in turn result in audits of claims, including those specific procedure or visit codes.

Recent audits have been more general in nature, focused on the medical necessity and reasonableness of care provided to the patient, and not necessarily triggered by patterns in billing. For example, if an audit were to reveal the recorded reason for a specific patient visit was quite minor, such as an itching or burning around the eyes, and the case history, physical examination, and medical decision-making were all very extensive, resulting in the billing of a high-level office visit code, the auditor would probably dig a little deeper to determine whether the patient actually needed to be asked all those questions and have all those tests performed.

Living with both the silver lining and the cloud

The key to compliance with the rules of medical record-keeping remains unchanged. Each health care provider must maintain an unwavering commitment to the needs of the patient. This is paramount, but needs to be balanced with the requirements of outside entities, such as HMOs, insurers, and the courts. There is no simple way to guarantee that balance, but it begins with a very careful interview

See Codeheads, page 34

AOAExcel™ Medical Records & Coding Resources

The following resources are available to AOA members through AOAExcel™. Visit *www.ExcelOD.com/Coding*.

- "Frequently Asked Questions" for members-only, provides detailed answers to medical records and coding questions.
- AskTheCodingExperts@ExcelOD.com offers AOA members-only the opportunity to email their coding questions and have them answered by a topical expert in medical records and coding.
- Medical Records and Coding Webinars are provided as a no-cost AOA member-only benefit to educate doctors and staff on medical record-keeping and coding.
- The AOAConnect social networking site features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (*connect.aoa.org*).
- AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously $349). AOACodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.
- AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading Current Procedural Terminology (CPT) data and information service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, Centers for Medicare & Medicaid Services (CMS) reimbursements, national and located coverage rules, Correct Coding Initiative (CCI) edits and any other CPT information desired, all specific to the practitioner's ZIP code. *AOA.ReimbursementPlus.com* provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.
- Codes for Optometry is available from the AOA Marketplace for $140. It is a two-volume set including Current Procedural Terminology© American Medical Associaiton codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the Healthcare Common Procedure Coding System (HCPCS) codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

AOAExcel™ is devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs.

The AOA is excited to bring this expertise directly to members' offices as a value-added member beneift. Many of these benefits are provided at no cost or at greatly reduced cost to AOA members.

AOAExcel™ offers Business & Career Resources

The following resources are available to AOA members through AOAExcel™. Visit *www.ExcelOD.com*.

❖ Optometry's Career Center® provides a national, online database and career matching service that helps you find jobs, partners or candidates in the optometric field across all 50 states and the District of Columbia. Visit *www.OptometrysCareerCenter.com*.

❖ **'Frequently Asked Questions'** for members only, provides detailed answers to business and career questions.

❖ **BusinessAndCareerOD@ExcelOD.com** offers AOA members the opportunity to email their practice management questions and have them answered by a topical expert in buying/selling agreements, bringing in associates, staff management, and other practice management topics.

❖ **Business and Career Webinars** are no-cost AOA member-only benefits to educate doctors on how to navigate their career paths, from practice entry, to management, growth, and succession planning.

❖ **AOAConnect** is a members-only social networking site with a Practice Pathways Group where AOA members, students, volunteers and staff can share information on how to successfully transition into or out of a practice. This includes, but is not limited to, the buying or selling of an optometric practice.

❖ **OptometryCEO.com** provides relevant, non-industry supported insight into daily practice management successes and unforeseen mistakes of a private-practice optometrist.

❖ **Wells Fargo Practice Finance** is the source for acquisition and expansion financing. Market data reports provide indispensable geographic and demographic data. The program includes customized financing, business planning tools and a network of resources.

❖ Practice Pathways at Optometry's Meeting® gives both buyers and sellers the facts they need to successfully transition a practice. You'll learn the process of transferring practice ownership from doctors who have been there, principles of winning relationships and leadership, the importance of communication, and hands-on tools to retain patients. The series will cover practical knowledge, and the legal, financial, and tax aspects. For more information, email *AOAExcel@ExcelOD.com*.

The AOA is excited to share all these resources with members, bringing much expertise right into offices as value-added member benefits. Even better, much of this is provided at no cost or at greatly reduced cost to AOA members. Visit *www.ExcelOD.com*.

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Realities of Optometric Practice

'I went to my PCP for my red eye'

By Chad Fleming, O.D., AOAExcel™ Business and Career coach

A recent *Time* magazine article highlighted the phenomenal gross domestic product (GDP) growth occurring in Africa. To experience the birth of technology in a third-world country carries a sense of nostalgia. My recent experience in Ethiopia was like a flashback to the day I thought Zack on "Saved by the Bell" was so cool because he carried around a cell phone. Admit it: you thought he was pretty cool.

There is a great paradigm today in optometry practice where the evolution of practice has not completely occurred across the nation. Our evolution from glasses and contacts to full-scope medical optometry has many parallels to the technology comparisons between Africa and the United States. This model of medical optometry is a staple for the more recently educated optometrist; for others, it is a scary look at significant change in practicing optometry.

The medical model of optometry is more than having the instrumentation that allows for the medical eye care of patients. It starts with the doctor and how the doctor communicates his or her services to staff and ultimately patients. When your staff view you as the primary eye care provider, they begin to communicate to patients in a way that markets your practice as medical.

To shape the perceptions of staff you must be intentional about what you discuss with them. Use staff meetings to discuss medical eye cases you are managing. Take time at the end of the day to tell one or two staff about how Mrs. Smith is going to feel so much better because she came in and received a prescription for her red eye. When staff listen to stories about medical eye care, they will think medical eye care.

Communication with staff is only the beginning to reshape perceptions of your office being more than glasses and contact lenses. To practice the medical model of optometry, begin with the marketing strategy your practice uses. Here are a couple of actions to create a medical model mentality with patients and staff.

1. **Handouts/ brochures**: A simple addition to your practice is a custom-made brochure highlighting you and your practice as primary eye care providers. Title the brochure "primary eye care providers." Add pictures of red eyes, floaters, a doctor using slit lamp, and children with pink eye. These are inexpensive to put together and can be delegated to an associate or staff member. Also, look for colleges in your area that have graphic design. Students are always looking for projects, and the cost is minimal. Our office uses Vistaprint for low-cost printing. Be sure to hand out the brochures in the exam room when you finish an exam. Check out what the AOA has to offer at *www.aoa.org/onlinestore*.

2. **Website design**: If your website communicates only glasses and contacts, your practice will be perceived as only optical. Make sure your landing page/ home page lists an easy-to-see emergency number. Studies show that pictures with faces draw eye contact and attention faster than any other type of design. Place a picture of a child with red eyes on the first page and list "medical eye care" under the picture.

3. **Professional communications**: The fastest way to build your medical eye care practice is to receive referrals from other health care professionals in the community. This begins with great communication from you to any referring doctor. If you use EHRs, it is very easy to add a note to the referring doctor. Use this note to communicate your expertise and comfort level with providing medical eye care. And ask for referrals. Don't get me wrong. It is not easy to write and send letters on referred patients, but the time invested will reap referral rewards in the future.

Transitioning from an "optical" optometry office to a medical eye care practice takes intentional planning and an initial time investment.

The rewards of increased referrals, practice growth, and the fulfillment of practicing full-scope optometry outweigh the initial investment.

The medical model of optometry practice begins with changing the perception of staff, patients, and referring health care professionals. Once this perception has changed, your patients will be telling their friends and family, "I went to my optometrist for my red eye."

> *When your staff view you as the primary eye care provider, they begin to communicate to patients in a way that markets your practice as medical.*

Nominations for AOA Paraoptometric Section Community Service Award due March 31

Do you know a paraoptometric who serves both the patients in the office and is active in the community? The AOA Paraoptometric Section is seeking nominations for the 2013 Community Service Award.

The award is given to the paraoptometric who demonstrates a commitment to helping improve his or her community and a dedication to the profession of paraoptometry. Previous recipients of this distinguished award have been active with service organizations such as the Lion's Club, American Cancer Society, Special Olympics Opening Eyes program, InfantSEE® and VISION USA.

Individuals may be self-nominated or nominated by other professionals. Criteria for judging include the individual's involvement in community service within the optometric practice and the community.

The recipient will receive a plaque of recognition, a $100 personal cash award, and a $100 award to the charity of the recipient's choice during the Paraoptometric Section Awards Reception Friday, June 28, 2013, at the 2013 Optometry's Meeting® in San Diego, Calif.

To download a nomination form, visit *www.aoa.org/x4979.xml*.

Forms may be submitted electronically with attachments to *PS@aoa.org* or by fax to 314-991-4101 by March 31, 2013.

2012 award winner Andrea Hudak, CPOA, from New York, is shown with Alcon's Rick Weisbarth, O.D.

Countdown of the Top 10 *AOA News* stories

No. 8: InfantSEE™ launches with 6,600 ODs on board

*Editor's Note: To commemorate 50 years of groundbreaking news in optometry, we are publishing the Top 10 AOA News stories as selected by our readers from all five decades. Please share your commentary and personal stories on the site as well (*http://connect.aoa.org*). No. 8 is the President's Column by Wesley E. Pittman, O.D., from June 2005.*

InfantSEE™, the largest public health initiative ever undertaken by optometry, officially launched nationwide June 8.

From an idea first stated by W. David Sullins, Jr., O.D., to a multimillion dollar national program, we've had unprecedented attention and overwhelming commitment by ODs.

When the House of Delegates last year voted to support InfantSEE™, we knew there were milestones that had to be reached: An InfantSEE™ provider within an hour's drive of almost all Americans. A major financial sponsor. A prominent spokesperson. A Web site and registration infrastructure. A plan for getting the word out to parents.

I'm pleased to report that, to put it bluntly, we have our ducks in a row:

- There are 6,600 optometrists who have signed up as InfantSEE™ providers.
- To date, 25 states have enrolled more than 40 percent of their AOA members. Seven have reached 30-39 percent and eight have reached 20-29 percent.
- On June 8, we launched InfantSEE™ with a series of media events, including honorary chair President Jimmy Carter and program chair Scott Jens, O.D., on the NBC Today Show, and in USA Today. Andrea Thau, O.D., appeared via satellite on over a dozen television and radio stations.
- The Vision Care Institute of Johnson & Johnson Vision Care, Inc. has committed resources and considerable financial support to the program, and we are working with BabyCenter.com, another J&J company and a tremendous resource for new parents.
- President Jimmy Carter has fulfilled his promise to speak publicly on behalf of InfantSEE™, appearing on the Today show and filming two public service announcements that can be accessed from the InfantSEE™ Web site.
- Speaking of *www.InfantSEE.org*, the new Web site serves as an easy entree for parents, with helpful information for parents about children's vision, as well as details about the program. Parents and caregivers can easily locate an InfantSEE™ provider in their community through the site's Dr. Locator.

Our InfantSEE™ program launch comes as there is a growing awareness of the importance of eye exams for children.

In this issue of *AOA News*, there is coverage of the CDC's 2002 National Health Interview Survey. Among children younger than 6 years, only 36.3 percent were reported to have ever had their vision tested, and just 7.4 percent had visited an eye care provider during the preceding year. This is a huge lapse in our health care system, and AOA, through InfantSEE™, can address it.

Meanwhile in Congress, H.R. 2238, the Children's Vision Improvement and Learning Readiness Act of 2005, is moving forward thanks to Reps. Bill Pascrell, Jr. (D-NJ) and Ileana Ros-Lehtinen (R-FL).

These are exciting times, as we begin a program that could change the way a generation sees.

Optometry is fulfilling its role as the primary eye care profession in a way that will improve peoples' lives.

If you've signed up as an InfantSEE™ provider, thank you.

If you haven't, NOW IS THE TIME. The public launch is only the beginning. As the program grows, we will need more providers to ensure that every parent in America has access to quality eye and vision care for his or her child.

Our InfantSEE™ program launch comes as there is a growing awareness of the importance of eye exams for children.

National visibility of InfantSEE™ was assured June 8 with a program launch on the NBC Today show. InfantSEE™ Program Chair Scott Jens, O.D., and Honorary Chair President Jimmy Carter were interviewed by host Matt Lauer. In response to the show appearance, and an article the same day in *USA Today*, more than 12,000 people visited *www.InfantSEE.org* to locate an optometrist.

This program will make all of us proud of our profession. As president of AOA, it has been my pleasure to see optometry come together for such a noble cause.

Wesley E. Pittman, O.D.

Votes for the top story of the past 50 years

In reflecting upon the gains of the past, many members logged on to AOAConnect and voted for the top story of the past 50 years. Here are some of the choices:

1963—AOA became an agency member of the American Public Health Association.
1964—AOA files complaint with U.S. Dept. of Justice alleging restraint of trade and conspiracy on the part of the American Medical Association
1967—Council on Clinical Optometric Care is formed
1968—American Optometric Student Association (AOSA) formed
1970—Alabama legislature authorizes the establishment of a school of optometry, the first to be an integral part of a medical center (UAB)
1971—First DPA Law passed - Rhode Island
1976—First TPA Law passed— West Virginia
1977—U.S. Supreme Court reverses four decades of precedent and holds that professionals may utilize truthful advertising (Bates v. Arizona State)
1986—Medicare parity legislation allows reimbursement for optometrists for health-related services performed on nonaphakic patients.
1988—Federal Trade Commission approves trade regulation (Eyeglasses II)
1994—Publication of first AOA Optometric Clinical Practice Guidelines, providing ODs evidence-based recommendations for patient care
1998—First state law specifically authorizing the use of lasers by optometrists for certain treatment purposes enacted in Oklahoma
2000—Kentucky became the first state to require children to have a vision examination before entering the public school system
2002—AOA launches the Healthy Eyes, Healthy People® program
2005—InfantSEE® program established
2008—AOA establishes the National Commission on Vision and Health (NCVH)
2009—AOA House of Delegates votes in favor of establishing the American Board of Optometry (ABO) to develop and implement the framework for optometric board certification

AOA: Eye health, vision care should be essential covered services offered by health plans

The AOA released the following statement Dec. 17 in response to a study showing the benefits of eye health and vision care insurance coverage.

Americans would benefit from having all health plans cover vision exams as part of their standard benefit, according to a new study in the *Archives of Ophthalmology*, published Dec. 10, 2012. This study is in line with previous work and policy recommendations from the AOA that show the medical and financial benefits of ensuring all Americans have access to a quality vision benefit through their health plan.

AOA Third Party Center Executive Committee Chair Stephen Montaquila, O.D., responded to the study's findings. "We strongly agree and support the findings of this momentous study. It aligns with research we have done on this issue and reinforces the importance of eye health and vision care in the overall health care of our patients. It clearly demonstrates that vision should be a covered benefit in all medical plans."

"Optional, supplemental vision coverage that has predominated over the last 40 years is simply no longer good enough," he added. "Eye health and vision are much too important to remain just an option – it is essential for improving the health of our citizens. Eye health and vision care are essential health benefits that should be fully integrated with the other essential benefits covered by all health plans."

The referenced study based its conclusions on 2008 Behavioral Risk Factor Surveillance System (BRFSS) data collected from U.S. states and territories by the Centers for Disease Control and Prevention (CDC), Office of Surveillance, Epidemiology and Laboratory Services (*www.cdc.gov/brfss*).

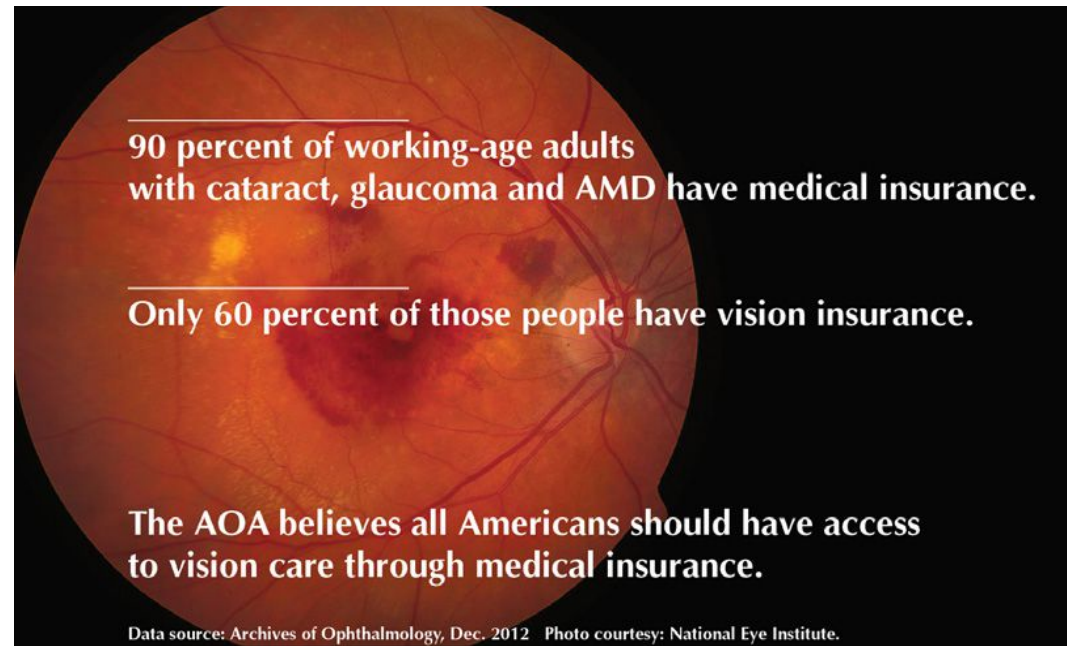
It presents two major conclusions: 1) Lack of vision insurance impedes eye care utilization, which, in turn, may irrevocably affect vision; and 2) Vision insurance for preventive eye care should cease to be a separate insurance benefit and should be mandatory in all health plans.

The study's primary findings were that individuals with vision insurance coverage were more likely to receive periodic eye examinations than individuals with no such coverage and individuals who received eye examinations during the previous year reported better eyesight. The AOA has long maintained that annual eye examinations and appropriate, continuous eye health and vision insurance coverage are critical for preserving eye health and optimizing eyesight and that good vision and healthy eyes are essential to overall health status.

Important to note, although focusing on a different age group, the referenced study's recommendations are consistent with the AOA's earlier recommendations regarding pediatric vision care. The AOA recommended that pediatric vision services should be an essential health benefit for all children. The Affordable Care Act (ACA) designated pediatric vision services as one of the 10 Essential Health Benefits required to be offered by all Qualified Health Plans that will sell in the Health Insurance Exchanges established under the new law, thus mandating that all children will have vision insurance coverage starting in January 2014.

The AOA further recommended that essential pediatric vision services include annual comprehensive eye examinations and treatment, including materials (eyeglasses and contact lenses). The federal government and all states have agreed.

In addition to ensuring children have access to quality eye health and vision coverage, the AOA has developed policy recommendations that align with the conclusions of the referenced study.



The AOA advocates for embedding and fully integrating vision insurance coverage as a defined health benefit for children and adults in all mainstream medical and health plans.

The intent of the ACA is clear – to increase efficiency and improve quality of care while decreasing costs. This is to be accomplished by implementing more "accountable care."

The AOA has concluded vision insurance coverage should be fully integrated and care should be better coordinated to meet the accountability demands now being placed on all health insurers and care providers, instead of continuing to promote services that are segregated and care that is uncoordinated as it is in far too many cases today.

AOA Associate Director of Health Sciences & Policy Michael R. Dueñas, O.D., agreed with the study's findings and conclusions. "Vision problems are leading causes of disability and are most often asymptomatic during their treatable stages. The study highlights significant advantages to the continuous provision of vision care by describing reduced disabilities and costs associated with eye diseases and disorders," he said.

"This study links well with other studies that describe vision care as providing an essential conduit to earlier interventions and enhanced care coordination for chronic conditions such as diabetes and hypertension," he added.

Council,

from page 10

officer, who explained the XNetwork in greater detail. More information will follow when it is officially launched in June.

Keynote address

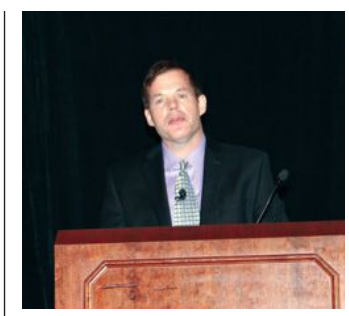
The co-author of "Race for Relevance: Five Radical Changes for Associations," Mary Byers, offered a bold, no-nonsense look at the realities of associations today and what it will take to prosper in the future.

Byers said associations need to focus on "how we can help members work less stressfully, more profitably, and more productively."

Continuing education

Also offered at the meeting for the first time was a COPE-approved continuing education course, "Trends & Technology in Optometry's Future," by David Talley, O.D. Some of the trends addressed by Dr. Talley included the continued expansion of optometrists using medications, lasers and injectables for diagnostic and treatment purposes and minor surgical procedures involving the eye and adnexa.

Dr. Talley encouraged all optometrists to practice to the full scope of their licenses and keep up with the latest technology. "If all you have is a hammer, then everything looks like a nail," he explained.



Dr. Talley

The genomics revolution, including gene chip technology, antisense drugs and ocular gene therapy, will play a large role in future technology, according to Dr. Talley. He also discussed radio and plasma surgery advances.

Envision Conference calls for vision rehabilitation submissions for clinical, research sessions

The Envision Conference is seeking submissions for clinical education and research sessions through March 22, 2013.

The Envision Conference is a multidisciplinary meeting focusing on vision rehabilitation.

Clinical education submissions should incorporate practical information vision rehabilitation practitioners and educators need to succeed professionally and should incorporate the principles of evidence-based practice in order to close practice gaps in patient care.

Those involved in visual research may submit a research abstract for a research presentation.

The fields of professional and academic visual research, as well as applied psychology, vision therapy, occupational therapy, and practicing optometrists and ophthalmologists are all encouraged to participate.

Presenters are encouraged to submit multiple proposals across both clinical education and research.

For more information on submission guidelines, visit *www.envisionconference.org*.

Important dates

- March 22, 2013 – Deadline for Clinical Education and Research Submissions
- July 5, 2013 – Deadline for early-bird attendee registration
- July 12, 2013 - Deadline for advance-price exhibitor registration
- Aug. 26, 2013 - Hotel Room Block Deadline
- Sept. 19-21, 2013 – Envision Conference 2013 at the Hyatt Regency Minneapolis

To register or learn more about the Envision Conference, visit *www.envisionconference.org*. For more information on submission guidelines, visit *www.envisionconference.org* or contact Michael Epp, director, Professional Education, at *michael.epp@envisionus.com*.

The Envision Conference may also be followed on Twitter (@EnvisionConf) or at *www.Facebook.com/envisionconference*.

New CEO

Envision recently named Michael Monteferrante as president and chief executive officer (CEO). As CEO, Monteferrante will concentrate on executing the organization's mission, growing the Envision Rehabilitation Center, enhancing the Envision Foundation and diversifying Envision Industries.

"Providing the best service and broadest outreach possible for people who are blind or visually impaired will be my focus," he said.

"My passion for Envision stems from my time spent on the board of directors when I saw the impact the organization has on the lives of those with low vision. Helping to provide rehabilitation and independence is so inspirational," said Monteferrante.

AOA Paraoptometric Section's new training tools enhance staff flexibility, increase adaptability

The AOA Paraoptometric Section is releasing four newly developed or revised training resources to help meet the needs of savvy optometric practices.

With changes in health care reform, more practices recognize they must delegate more tasks to their optometric staff. Front-desk staff may be assigned some of the billing and coding tasks, and assistants and technicians may be crossed-trained to learn duties traditionally performed by opticians.

Successful optometric practices are allocating not only additional budget funding for staff training, but additional staff hours for training in these new areas.

When it comes to balancing the need for quality training for your optometric staff, time to provide the training, and the limitations of your training budget, look to the AOA Paraoptometric Section for training solutions.

CPO Study Guide

Most recently, the Paraoptometric Section revised the CPO Study Guide, used as a tool to prepare to sit for the first (CPO) level of certification, to include basic computer and business terminology, health information terminology (HIT), and information on ethics.

The guide includes four sections dealing with professional issues, basic science, clinical principles and procedures, and ophthalmic optics and dispensing. There are review questions after each section, and additional tools such as study flash cards and a review course CD are also available to prepare for the examination.

These resources are also very useful for training staff new to the profession.

Self-Study Course for Paraoptometric Assistants and Technicians

The Paratoptometric Section also expanded the practice management portion of the Self-Study Course for Paraoptometric Assistants and Technicians to include new topics for those preparing to sit for the second (CPOA) and third (CPOT) levels of certification examinations.

New Horizons: Optician Basics and Contact Lens Basics

The newly developed "New Horizons: Optician Basics and Contact Lens Basics" series is designed to help staff expand their knowledge and move into new areas of expertise within the practice. The cross-training series includes education articles, education modules, CDs, flash cards and study booklets.

Billing and Coding: Foundations for Beginners

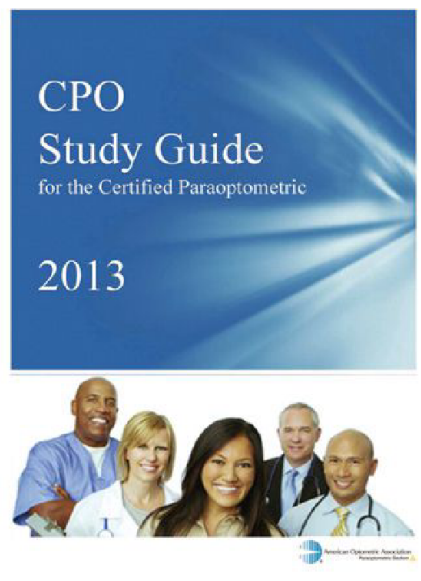
Individuals knowledgeable in billing and coding are also in high demand. The AOA Paraoptometric Section and industry sponsor Vision West teamed up to provide "Billing and Coding: Foundations for Beginners" to train paraoptometrics in the fundamentals of billing and coding. This nine-part webinar series covers topics such as medical terminology, diagnosis codes, evaluation and management services, health care procedures classification system, general ophthalmologic services, modifiers, claim filing, and compliance.

AOA Paraoptometric Section members have free access to this training program.

When it comes to balancing the need for quality training for your optometric staff, time to provide the training, and the limitations of your training budget, look to the AOA Paraoptometric Section for training solutions.

Earn a significant return on your investment by using the programs and services provided by the AOA Paraoptometric Section.

Contact the Paraoptometric Section today at *PS@aoa.org* for staff training materials and generate measurable results for your practice.



American Optometric Association

AOA MARKETPLACE

Take advantage of your Member Discount!

Fact Sheets

Easy to understand facts and helpful images.

Answers to Your Questions Pamphlets

These easy to read pamphlets help answer eye care questions.

Color Postcards

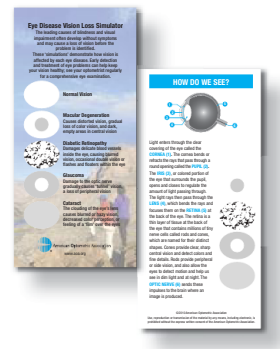
Choose the images, and select your message. Perfect for recall, referral or appointment reminder cards.

Ocular Emergency Card

A flow chart of responses for typical emergencies that can occur in school or sports settings.

Health Fair Kits

Everything you need for your event. Select from Professional, Diabetes, Scholastic & more!

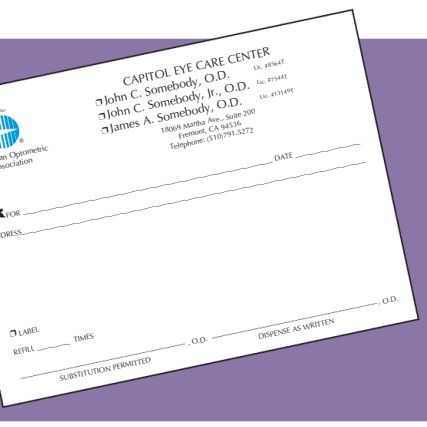


Vision Simulator Cards

Look through the semi-transparent card to simulate common eye conditions.

Nutrition Supplement Resources

Perfect for explaining the five essential nutrients that promote healthy vision.



Prescription forms available on Single or 2-part Security Paper which contains the features listed below.

- **Pantograph** (Hidden Message)
- **Color Match**
- **Thermochromic Ink**
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HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Mobius Therapeutics issues voluntarily recall of Mitosol® ophthalmic-use kit

Mobius Therapeutics announced a voluntary recall of two lots of its Mitosol® (mitomycin for solution), 0.2 mg/vial, Kit for Ophthalmic Use. The company is taking this voluntary action because it cannot exclude the possibility that the affected lots may be non-sterile.

The two lots of Mitosol kits may contain a strain of yeast on one or more parts in the kit and should be considered non-sterile and unsafe for use.

Mitosol® is an antimetabolite indicated as an adjunct to ab externo glaucoma surgery. Some surgeons use the drug in cataract and refractive surgeries. The user level for this product would be physicians in hospitals and clinics during surgery.

Optometrists may have occasion to see patients on whom this product has been used by a surgeon, the AOA Clinical Resources Group noted.

Mitosol® is an antimetabolite reconstituted and applied, by a topical saturated sponge, to the surgical site of glaucoma filtration surgery and some posterior flap laser flash procedures (post-LASIK for persistent diffuse lamellar keratitis). It is not intended for intraocular administration. Other uses may include post-pterygium removal.

Use of these potentially contaminated products could result in serious eye problems/infections, including possible blindness.

Mobius has not received any report of adverse events related to this recall.

The potentially infected product is identified with lot numbers M098260 and M086920, bearing an expiration date of August 2013.

These lots were distributed between Oct. 22, 2012, and Dec. 14, 2012, in the following states: Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, North Carolina, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Virginia, and Wisconsin.

Mobius has contacted all affected customers by phone, email and in writing and is arranging for return of unused product and replacement with product from unaffected lots.

For more information, call 877-EYE-MITO (877-393-6486) and select "2" Monday to Friday from 8 a.m. to 5 p.m. CST.

Adverse reactions or quality problems experienced with the use of this product may be reported to the U.S. Food and Drug Administration's MedWatch Adverse Event Reporting program online, by mail or fax.

- Online: *www.fda.gov/medwatch/report.htm*
- Mail: use postage-paid, pre-addressed Form FDA 3500 available at *www.fda.gov/MedWatch/get-forms.htm*.
- Fax: 800-FDA-0178

ABB Concise, Optical Distributor Group announce merger

ABB Concise and Optical Distributor Group (ODG) announced their merger effective Dec. 28, 2012.

By consolidating the efforts and strengths of these two companies, ABB Concise and ODG will be able to deliver more services and programs to help the Eye Care Professional better compete in this competitive marketplace.

"We are very excited about the opportunities that this merger will create to help us achieve our common vision of helping eye care professionals compete," said Angel Alvarez, chief executive officer of ABB Concise. "This merger is an investment in the future for our customers because it combines the strengths of our two companies as we continue to focus on our core strategy of bringing new products, services and practice building tools to our combined customer base. Our leadership teams are enthusiastic about building a platform that our customers can trust and will be an overall win for them and our industry."

"ODG has always prided itself on providing the highest level of service in the industry by offering innovative programs to help the eye care professional successfully compete, retain patients and improve profitability," said Jeff Rems, president and chief operating officer of ODG. "This merger with ABB Concise only strengthens that philosophy of being a trusted 'business partner' to eye care professionals. ABB Conciseshares these same initiatives, and we're excited to bring new programs and services to increase efficiency and profitability in today's competitive environment."

This merger brings together more than 120 sales professionals delivering the common vision of helping eye care professionals improve practice performance.

As the companies work to create an even better organization, there will be no disruption of service.

Customers will continue communicating with the same customer service and sales representatives with each company they have prior to the merger. Business will remain as usual.

For additional information, visit *www.abbconcise.com* and *www.opticaldg.com*.

Wireless lighting helps improve patient flow

Reliance Medical Products announced its new Eclipse Desk Unit that wirelessly controls room lighting to minimize repetitive stress movements and maximize patient flow. With its tiny footprint, the compact unit includes charging wells for three instruments. Room lights can be programmed to adjust automatically based on which instrument is in use.

"As our health care model continues to change, the Eclipse Desk Unit helps doctors use exam time more efficiently," said Reliance Medical Products' Vice President of Sales and Marketing Steve Juenger. "Eclipse may play a role in reducing injuries to eye care professionals, by eliminating the need to manually reach and adjust the lighting. It's a device that quickly pays for itself through increased productivity."

Eclipse controls incandescent and fluorescent lights. Eclipse is easy to install. Incorporating the unit into an existing exam room usually can be done without any rewiring.

For more information, visit *www.haag-streit-usa.com*.

Transitions unveils new consumer website to serve as guide to family of products

Transitions Optical, Inc. is providing an enhanced user experience and more in-depth education on the Transitions® family of products via its re-launched Transitions.com website.

Applying insights gained through consumer feedback and tracking studies, the site features a detailed breakdown on each Transitions® lens product, fresh imagery and greater usability, including a way for consumers to search for an eye care professional who carries the lens brands that best fit their interests.

"The new site will make it easier for visitors to learn about our family of brands and help them understand which lens options may be right for their lifestyle," said Dan McLean, senior marketing manager – communications, Transitions Optical. "Based on consumer feedback we've improved navigation, added new demonstration features for our everyday and sunwear products, added new content to help consumer better understand the technology and upgraded our practice locator."

Sections on the various photochromic technologies employed by the family of products, and a feature that enables consumers to compare the products' benefits to choose which will best meet their needs, are designed to give consumers a more comprehensive digital experience before they arrive at their eye-care professional's office.

To further promote the lens choices available to patients, in addition to providing contact information for the nearest Transitions lens dispensing practices, the new eye care professional locator also details which of the Transitions lens products are carried at each location.

More than 125,000 – or one in six – visitors to the Transitions site searched for an eye care professional in 2012.

Other new features include answers to frequently asked questions, search functionality and the ability for consumers to share and read product reviews.

CES

Raanan Naftalovich, at right, vice chairman of The Vision Council's board of directors and chief executive officer of Shamir Insight, Inc., educates consumers about the latest in computer eyewear products at the 2013 International Consumer Electronics Show. The Vision Council was on hand to help digital device users protect their eyes from digital eye strain, a growing health concern for avid electronic consumers.

B+L acquires exclusive license for ocular redness technology

Bausch + Lomb has acquired an exclusive global license to a new platform technology that may lead to a faster, more effective and longer lasting treatment for ocular redness, a bothersome condition that impacts millions of people worldwide.

The technology employs a different mechanism of action to relieve ocular redness than currently available redness relief products, using a uniquely formulated low dose of brimonidine. Licensed from Eye Therapies, LLC, a privately held biopharmaceutical company, the technology was developed in collaboration with Ora Inc., a private research organization.

One of the most common ophthalmologic conditions, ocular redness, or hyperemia, can be triggered by contact lens wear, dry eye, ocular allergies, lifestyle and environmental factors and medication side effects, among other causes.

"Ocular redness is associated with reduced quality of life and negative social connotations, and may impact compliance with certain medications," said Cal Roberts, M.D., chief medical officer, Bausch + Lomb. "The decision to license this promising new technology underscores our continued commitment to delivering solutions for physicians and their patients."

Currently marketed ocular redness relief therapies are often associated with problems such as tachyphylaxis, a decreasing response to a drug following its initial use. This can potentially lead to overuse of these medications and a subsequent rebound effect, where symptoms return stronger upon discontinuation of a drug.

In a Phase 2 study, the new technology appeared effective in reducing ocular redness based on both clinician assessment and patient reporting. The rebound vasoconstriction associated with currently available treatments was not observed in this study. Additionally, onset of action was shown to be rapid (within five minutes), with a duration of effect lasting at least four hours. The formulation was found to be safe and well tolerated as dosed in the study, with no serious adverse events reported.

"The new low dose brimonidine formulation appears to provide greater microvessel constriction at mucosal surfaces and is thought to retain more optimal blood flow from larger feeder vessels," said Mark B. Abelson, M.D., clinical professor of ophthalmology at Harvard Medical School and senior clinical scientist at Schepens Eye Research Institute. "These are promising indications that this new technology may address some of the issues commonly seen in current therapies."

If approved, the new technology would dramatically expand Bausch + Lomb's potential to compete in the $350 million global ocular redness relief market, and also create opportunity to explore expanded ophthalmic applications.

"We are proud to be working with Bausch + Lomb to develop this promising new technology," said Lee Nordan, M.D., chief executive officer of Eye Therapies, LLC. "The company's commitment, expertise and resources, combined with its global reach, will help ensure that, if approved, this technology will reach its full potential."

ICD-10 to replace ICD-9 in October 2014

Other references currently in force

Although practitioners still have 20 months to prepare, it is important to accept the reality that ICD-9 will be replaced by ICD-10 and that the Oct. 1, 2014, deadline will not be extended.

Because the deadline is so far away, now is an excellent time to become an expert at using resources currently in place:

- **ICD-9 for diagnosis coding and Current Procedural Terminology (Copyright, American Medical Association)** for accurately choosing visit and procedure codes. Investing time and energy on current requirements will better prepare one for 2013's challenges, including Medicare audits for medical records, Meaningful Use, and Health Insurance Portability and Accountability Act compliance.

Next January will be an excellent time to actively prepare for the implementation of ICD-10 in your practice.

In the meantime, watch *AOA News* for information to help keep this in perspective. Updates will focus on current and future challenges relative to medical records and coding.

Codeheads,

from page 23

of each patient to identify the needs of this patient on this day, as well as the needs of the doctor in diagnosing and managing the patient's needs.

The second significant commitment every provider must make is to keeping an excellent record of each patient encounter: focused, thorough, and legible. The record will clearly show the reason for each visit while providing clear evidence that each element of the encounter was relevant to the needs of the patient and, in the words of the insurers, "reasonable and necessary." Each patient is unique, and each patient encounter is unique, so the doctor may need to help the auditor understand why a specific question was asked or test performed. That will require some careful thought on the part of the doctor, but it often will be effective in convincing the auditor that the doctor did what was appropriate and therefore "reasonable and necessary."

Ideally, the potential reward of the "silver lining" and the potential threat of the "cloud" will lead providers, including ODs, to take a closer look at in-office protocols relative to the delivery of care, the quality and thoroughness of their medical record-keeping, compliance with payers' rules relative to provision of care and reporting that care, the codes for the patients' conditions relevant to the day's visit and the codes used for the care provided.

Life, especially health care practice, is full of rewards and rules. Patient care today requires a definite plan, or a set of protocols, to be sure one is meeting the needs of every patient while following insurers' rules. Make 2013 the year you create your master plan to balance the silver linings and the clouds. When you're audited, you'll be glad you did.

Social Media,

from page 15

media in their personal and professional lives.

1. Optometrists are discouraged from interacting with current or past patients on personal social media such as Facebook and Twitter. As stated in the AOA Standards of Professional Conduct adopted in 2011, "Optometrists should avoid intimate relationships with patients as such relationships could compromise professional judgment or exploit the confidence and trust placed in the optometrist by the patient."

2. If doctors have online interactions with patients for the purpose of discussing medical treatment, these interactions should only occur when identity can be verified. All medical and/or personal identifiable information should be sent in an encrypted or secure manner.

3. Social can be a valuable tool for optometrists to gather online, share their experiences, and discuss topics in eye care and medical treatments. These types of professional interactions with colleagues provide a beneficial means for peer-to-peer education and discussion. It is the responsibility of the optometrist to try to ensure the professional networks they use are secure and accessible to registered users only. These websites should be password protected to safeguard against access by the general public who might consider the discussion as medical advice. Optometrists should also confirm any medical information obtained from a professional online discussion is supported by current medical research before incorporating into a patient care regimen.

4. Patient confidentiality and privacy should be protected at all times, especially on social media. These sites have the potential to be viewed by the public, and any breaches in confidentiality could be harmful to the patient as well as in violation of federal privacy laws, such as the Health Insurance Portability and Accountability Act (HIPAA). While optometrists may discuss their experiences, they should never provide any information such as names, code names, or pictures that could be used to identify a patient.

5. At times, optometrists may write online about their experiences as a health professional, or they may post comments on a website as a physician. When doing so, optometrists must reveal any existing conflicts of interest. They should also disclose their professional credentials.

6. Optometrists should be aware that any information posted on a social media site may be circulated, possibly unintentionally, to another audience, may be taken out of context, or may continue to be accessed online in perpetuity. They should consider themselves to be representing the optometric community when posting online. Optometrists should always act professionally and take caution not to avoid posting statements that could be misinterpreted easily or are unclear.

7. Optometrists who allow employees to have Internet access from the practice's IP address should have a written policy about social media use. Office policies should promote education, training and awareness for responsible use of social media and Internet use. Employees should be informed about any employer intention to edit, modify, delete, or review Internet communications. This should be tied into office HIPPA policies and training for employees.

8. It is recommended that optometrists use separate personal and professional social media addresses. Although social media security settings may be set to limit users' access, it may be beneficial to utilize different personal and professional accounts to ensure better separation. Also, optometrists should use a personal email address rather than a professional email address for logging on to social media for personal use. Users who view a professional email address attached to a personal online profile may misinterpret the doctor's actions as representing the medical profession or a particular institution.

9. Doctors and staff should adhere to the same principles of professionalism online as they would offline. Harassment of any type, negative comments about competitors or former staff members, or any other unprofessional conduct should not be expressed.

Social Media Do's and Don'ts:

Should I accept Facebook friend requests from patients? It's not recommended. A better idea may be to use your office website to share general or eye health information, give directions, and promote your practice. If you choose to use Facebook for business purposes, consider creating a separate account for your personal profile to use with selected friends, family and colleagues only. It is not recommended to accept "friend requests" from patients on your personal Facebook page.

Should I respond to personal medical questions on Facebook or Twitter? It's not recommended. Those with online medical questions should be directed to contact their primary care providers. Ocular health care questions from your patients should be handled through an office visit, phone consultation, or encrypted email exchange.

Should I post any information about my patients? Never. This would constitute illegal and unethical practice.

MEETINGS

February

AEA CRUISES
OPTOMETRIC SEMINAR
February 2-9, 2013
Hawaii – Aboard the Pride of America
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

MICHIGAN OPTOMETRIC ASSOCIATION
WINTER SEMINAR
February 6-7, 2013
Kellogg Hotel & Conference Center, East Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

INDIANA OPTOMETRIC ASSOCIATION
WINTER SEMINAR
February 6, 2013
Ritz Charles
Carmel, IN
317/237-3560
blsims@ioa.org
www.ioa.org

PALM BEACH COUNTY OPTOMETRIC ASSOCIATION
29TH ANNUAL PALM BEACH WINTER SEMINAR
February 8-10, 2013
Jupiter Beach Resort, Jupiter, FL
Dr. Steven Silverstone
561/792-9110
Dr. Brandee Marciano
561/242-1200
www.pbcoa.org

HEART OF AMERICA CONTACT LENS SOCIETY
52ND ANNUAL PRIMARY CARE CONGRESS
February 15-17, 2013
Sheraton Kansas City Hotel at Crown Center, Kansas City, MO
Dr. Steve Smith
918/341-8211
registration@thehoacls.org
www.hoacls.org

SKIVISION 2013
February 16-20, 2013
Snowmass Village, CO
888/SKI-2530
Questions@SkiVision.com
www.SkiVision.com

AEA CRUISES
OPTOMETRIC SEMINAR
February 16-23, 2013
Southern Caribbean – Aboard the Caribbean Princess
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

AEA CRUISES
OPTOMETRIC SEMINAR
FEBRUARY 17-24, 2013
EASTERN CARIBBEAN – ABOARD THE RUBY PRINCESS
888/638-6009
AEACRUISES@AOL.COM
WWW.OPTOMETRICCRUISESEMINARS.COM

TROPICAL CE
February 23-March 2, 2013
Curacao
281/808-5763
www.tropicalce.com

ILLINOIS OPTOMETRIC ASSOCIATION
WINTER CE
February 24, 2013
Westin Chicago North Shore, Wheeling, IL
ioa@ioaweb.org
www.ioaweb.org

SECO INTERNATIONAL 2013
February 27-March 3, 2013
Georgia World Congress Center, Building A, Atlanta, GA
Bonny Fripp
770/451-8206, ext. 13
FAX: 770/451-3156
bfripp@secostaff.com

MONTANA OPTOMETRIC ASSOCIATION
2013 BIG SKY CONFERENCE
February 28-March 2, 2013
Huntley Lodge, Big Sky Conference Center, Big Sky, MT
406/443-1160
sweingartner@rmsmanagement.com
www.mteyes.com

March

ILLINOIS OPTOMETRIC ASSOCIATION
WINTER CE
March 3, 2013
Hyatt Regency O'Hare, Rosemont, IL
ioa@ioaweb.org
www.ioaweb.org

26TH ANNUAL SVOS OCULAR SYMPOSIUM
March 3, 2013
Sacramento Marriott Rancho Cordova Hotel, Rancho Cordova, CA
916/447-0270
jerrysue@svos.info

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT
COVD AT SECO 2013
March 3-4, 2013
OMNI Hotel at CNN Center, Atlanta, GA
330/995-0718
www.covd.org

27TH ANNUAL EYE SKI CONFERENCE
March 3-8, 2013
Park City, UT
tandbkime@buckeye-express.com
www.eyeskiutah.com

THE OHIO STATE UNIVERSITY COLLEGE OF OPTOMETRY
BINOCULAR VISION & PEDIATRICS FORUM
March 15, 2013
The Ohio State University College of Optometry, Columbus, OH
Marjean Taylor Kulp, O.D.
614/688-3336
Kulp.6@osu.edu
http://optometry.osu.edu/CE/BVPforum.cfm

SOUTH CAROLINA OPTOMETRIC PHYSICIANS ASSOCIATION
SPRING MEETING
March 15-17, 2013
Kiawah Island Golf Resort, Kiawah, SC
www.kiawahresort.com
www.sceyedoctors.com

ALABAMA OPTOMETRIC ASSOCIATION PARAOPTOMETRIC TECHNICIAN COURSES
Level I – March 16
VisionAmerica, Birmingham, AL
Jo Beth Wicks
334/273-7895
jobeth@alaopt.com
www.alaopt.com

ILLINOIS OPTOMETRIC ASSOCIATION
Winter CE
March 24, 2013
Tinley Park Convention Center, Tinley Park, IL
ioa@ioaweb.org
www.ioaweb.org

April

NOVA SOUTHEASTERN UNIVERSITY
NSU SEE NEW ORLEANS
April 5-7, 2013
New Orleans, LA
Vanessa McDonald
954/262-4224
FAX: 954/262-1818
oceaa@nova.edu
http://optometry.nova.edu/ce

IOWA OPTOMETRIC ASSOCIATION
115TH ANNUAL CONGRESS
April 5-7, 2013
Embassy Suites Downtown, Des Moines, IA
800/444-1772
515-222-5679
FAX: 515-222-9073
http://iowaoptometry.org

SOUTH DAKOTA OPTOMETRIC SOCIETY
SPRING CONVENTION
April 11-12, 2013
Cedar Shore Resort
Oacoma, SD
Deb Mortenson
605/224-8199
Sdeyes3@pie.midco.net

AMERICAN CONFERENCE ON PEDIATRIC CORTICAL VISUAL IMPAIRMENT
April 12, 2013
Children's Hospital & Medical Center, Omaha, NE
Sara M. Olson, M.Ed.
402/955-6070
FAX: 402/955-4162
solsen@childrensomaha.org

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www.optometrysmeeting.org

ALABAMA OPTOMETRIC ASSOCIATION
PARAOPTOMETRIC TECHNICIAN COURSE – LEVEL II
April 13, 2013
VisionAmerica, Birmingham, AL
Jo Beth Wicks
334/273-7895
jobeth@alaopt.com
www.alaopt.com

PINELLAS OPTOMETRIC ASSOCIATION
21ST ANNUAL SUNCOAST SEMINAR
April 20-21, 2013
Hyatt Regency Clearwater Beach Resort and Spa, Clearwater Beach, FL
Bruce Cochran
727/446-8186
888/421-1442 (Reservations)
IDoc1@aol.com

NEW JERSEY ACADEMY CHAPTER
11TH ANNUAL EDUCATIONAL CONFERENCE
April 24-28, 2013
Kingston Plantation, Myrtle Beach, SC
Dennis H. Lyons, O.D.
732/920-0110
Dhl2020@aol.com

2013 SPRING CONVENTION
ARKANSAS OPTOMETRIC ASSOCIATION
April 25-29, 2013
The Peabody, Little Rock, Arkansas
Vicki Farmer
501/661-7675
FAX: 501/372-0233
aroa@arkansasoptometric.org
www.arkansasoptometric.org

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY
28TH ANNUAL MORGAN/SARVER SYMPOSIUM
April 26-28, 2013
DoubleTree Hotel, Berkeley Marina, Berkeley, CA
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu/ce/morgan-sarver-symposium

For featured calendar events, email t.peppers@elsevier.com.

To submit standard items for the meetings calendar, send a note to eventcalendar@aoa.org.

Please allow several months' lead time.

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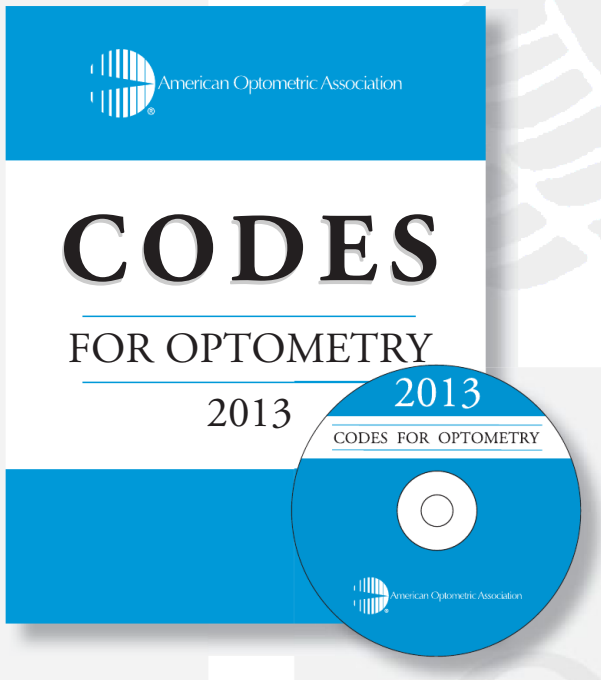

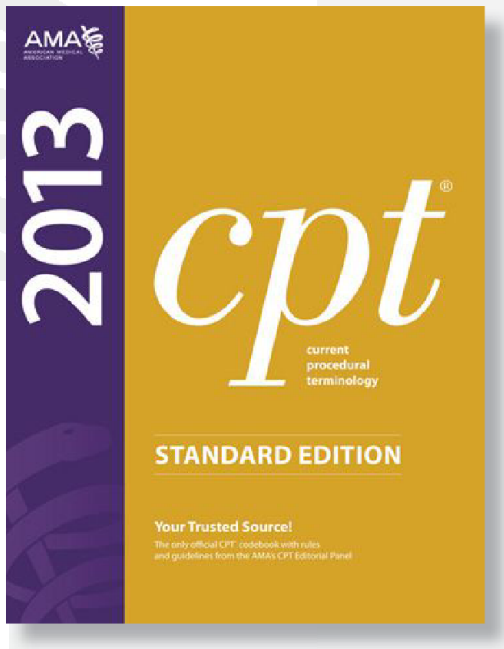

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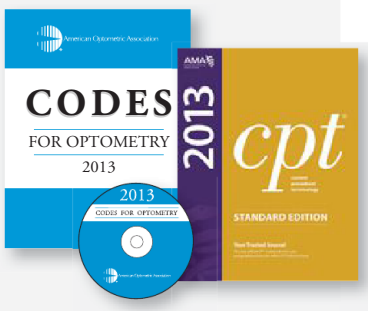

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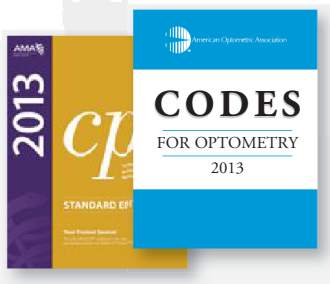

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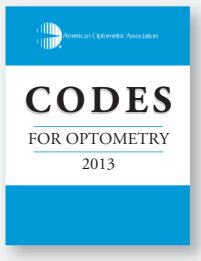

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